| Form | 990 |
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 5 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

| <u>A F</u>              | or th               | e 2023 calendar year, or tax year beginning and  | ending        |                              |                               |  |  |  |
|-------------------------|---------------------|--|---------------|------------------------------|-------------------------------|--|--|--|
| B C<br>a                | heck if pplicab     | e: C Name of organization  |               | D Employer identific         | cation number                 |  |  |  |
|                         | Addre               | e   NIKKI MITCHELL FOUNDATION, INC.  |               |                              |                               |  |  |  |
|                         | Name                | e Doing business as  |               | 46-339963                    | 32                            |  |  |  |
|                         | Initial             |  | Room/suite    | E Telephone number           |                               |  |  |  |
|                         | <br>Final<br>return | PO BOY 68305   |               | 615 982-0                    |                               |  |  |  |
|                         | termin              |  |               | G Gross receipts \$          | 864,875.                      |  |  |  |
|                         | Amen                |  |               | H(a) Is this a group re      |                               |  |  |  |
|                         | Applic              |  |               | for subordinates             |                               |  |  |  |
|                         | pendi               | <sup>ng</sup> SAME AS C ABOVE  |               | H(b) Are all subordinates in |                               |  |  |  |
| IT                      | ax-ex               | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)                                    | or 527        | 1                            | list. See instructions        |  |  |  |
|                         | Vebsi               |  |               | <b>H(c)</b> Group exemption  |                               |  |  |  |
| ΚF                      | orm o               | organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other                                      | L Year        | of formation: 2013 N         | I State of legal domicile: TN |  |  |  |
| Pa                      | irt I               | Summary  |               |                              |                               |  |  |  |
|                         | 1                   | Briefly describe the organization's mission or most significant activities: COMF               | ORT AN        | D RELIEF FOF                 | R THOSE                       |  |  |  |
| Activities & Governance |                     | AFFECTED BY PANCREATIC CANCER, RAISE AWAR  |               |                              |                               |  |  |  |
| rnai                    | 2                   | Check this box if the organization discontinued its operations or dispos                       | sed of more   | than 25% of its net ass      | ets.                          |  |  |  |
| INC                     | 3                   | Number of voting members of the governing body (Part VI, line 1a)                              |               | 3                            | 8                             |  |  |  |
| ğ                       | 4                   | Number of independent voting members of the governing body (Part VI, line 1b)                  |               | 4                            | 7                             |  |  |  |
| s<br>S                  | 5                   | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                   |               |                              | 9                             |  |  |  |
| /itie                   | 6                   | Total number of volunteers (estimate if necessary)   |               |                              | 20                            |  |  |  |
| cti                     | 7a                  |  |               | 7a                           | 0.                            |  |  |  |
| _                       | b                   | Net unrelated business taxable income from Form 990-T, Part I, line 11                         |               |                              | 0.                            |  |  |  |
|                         |                     |  |               | Prior Year                   | Current Year                  |  |  |  |
| Ð                       | 8                   | Contributions and grants (Part VIII, line 1h)  |               | 396,387.                     | 738,455.                      |  |  |  |
| Revenue                 | 9                   | Program service revenue (Part VIII, line 2g)   |               | 0.                           | 0.                            |  |  |  |
| eve                     | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                  |               | 2,266.                       | 7,010.                        |  |  |  |
| æ                       | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                       |               | 197,131.                     | -5,134.                       |  |  |  |
|                         | 12                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)             |               | 595,784.                     | 740,331.                      |  |  |  |
|                         | 13                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                               |               | 146,528.                     | 160,002.                      |  |  |  |
|                         | 14                  | Benefits paid to or for members (Part IX, column (A), line 4)                                  |               | 0.                           | 0.                            |  |  |  |
| S                       | 15                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)              |               | 171,112.                     | 261,080.                      |  |  |  |
| nse                     | 16a                 | Professional fundraising fees (Part IX, column (A), line 11e)                                  |               | 0.                           | 0.                            |  |  |  |
| Expenses                |                     | Total fundraising expenses (Part IX, column (D), line 25) 122,8                                |               |                              |                               |  |  |  |
| Ш                       | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                   |               | 145,492.                     | 119,023.                      |  |  |  |
|                         | 18                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                      |               | 463,132.                     | 540,105.                      |  |  |  |
|                         | 19                  | Revenue less expenses. Subtract line 18 from line 12   |               | 132,652.                     | 200,226.                      |  |  |  |
| Assets or<br>d Balances |                     |  | Be            | ginning of Current Year      | End of Year                   |  |  |  |
| sets<br>alan            | 20                  | Total assets (Part X, line 16)   |               | 548,373.                     | 741,013.                      |  |  |  |
| t As                    | 21                  | Total liabilities (Part X, line 26)  |               | 16,731.                      | 9,145.                        |  |  |  |
| Fund                    | 22                  | Net assets or fund balances. Subtract line 21 from line 20                                     |               | 531,642.                     | 731,868.                      |  |  |  |
|                         | rt II               | Signature Block  |               |                              |                               |  |  |  |
| Unde                    | er pena             | Ities of perjury, I declare that I have examined this return, including accompanying schedule: | s and stateme | ents, and to the best of my  | knowledge and belief, it is   |  |  |  |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign      | Signature of officer   |                       |       |       | Date              |          |    |  |  |
|-----------|--|-----------------------|-------|-------|-------------------|----------|----|--|--|
| Here      | CHRISTA BOWLES, EXECUTIVE  | DIRECTOR              |       |       |                   |          |    |  |  |
|           | Type or print name and title   |                       |       |       |                   |          |    |  |  |
|           | Print/Type preparer's name   | Preparer's signature  |       | Date  | Check             | PTIN     |    |  |  |
| Paid      | FRANCES E. LEAHY   | FRANCES E.            | LEAHY | 11/12 | /24 self-employed | P0071359 | 93 |  |  |
| Preparer  | Firm's name KRAFTCPAS PLLC   |                       |       |       | Firm's EIN 62-    | 0713250  |    |  |  |
| Use Only  | Firm's address 555 GREAT CIRCLE  | ROAD                  |       |       |                   |          |    |  |  |
|           | NASHVILLE, TN 372  | 28                    |       |       | Phone no.615-     | 242-7351 |    |  |  |
| May the I | RS discuss this return with the preparer shown abo   | ove? See instructions |       |       |                   | X Yes    | No |  |  |
| LHA For   | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                       |       |       |                   |          |    |  |  |

| 1          | Briefly describe the organization's mission:<br>PROVIDING COMFORT AND RELIEF FOR THOSE AFFECTED BY PANCREATIC CANCER,  |
|------------|--|
|            | WHILE RAISING AWARENESS AND SUPPORTING RESEARCH THAT DIRECTLY AND  |
|            | INDIRECTLY AFFECTS PANCREATIC PATIENTS.  |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the   |
|            | prior Form 990 or 990-EZ? Yes X No   |
| ~          | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 3          | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4          | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|            | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   |
| 40         | revenue, if any, for each program service reported.<br>(Code: ) (Expenses \$ 202,206. including grants of \$ 127,012. ) (Revenue \$  |
| 40         | BRIDGE OF WINGS IS A DIRECT PATIENT SERVICES PROGRAM THAT PROVIDES   |
|            | CLEANINGS, GROCERIES, HOLIDAY MEALS AND ADDITIONAL SERVICES TAILORED   |
|            | SPECIFIC NEEDS. PATIENTS RECEIVING TREATMENT FOR PANCREATIC CANCER ARE   |
|            | ELIGIBLE FOR HELP TO RELIEVE FINANCIALLY STRESSFUL TIMES. DURING 2023,<br>THE BRIDGE OF WINGS SERVED 70 PATIENTS EACH MONTH, UNTIL THEY NO LONGER  |
|            | NEEDED ASSISTANCE. 148 PATIENTS IN TOTAL WERE ASSISTED BY THE PROGRAM.   |
|            |  |
|            | CONTINUED PARTNERSHIP WITH DR. ANDREW PAGE WITH PIEDMONT HEALTH IN   |
|            | ATLANTA TO DEVELOP, FACILITATE, AND PROVIDE THE INFRASTRUCTURE FOR THE   |
|            | NANCY LYLE AMBASSADOR PROGRAM. TRAIN AND MONITOR CAREGIVER AND PATIENT<br>AMBASSADORS. FACILITATED ALL PATIENT AND CAREGIVER SESSIONS.   |
|            |  |
|            | EXPANSION OF AWARENESS WITH BRINGING THE BRIDGE OF WINGS DOCUMENTARY TO<br>COMPLETION. THIS DOCUMENTARY TELLS THE STORY OF NIKKI MITCHELL'S FLIGHT<br>AROUND THE WORLD AND HER PASSING FROM PANCREAS CANCER. THE DOCUMENTARY<br>WILL BE USED FOR AWARENESS AND FUNDRAISING IN 2023 AND BEYOND. |
|            |  |
| 4.         | (Code:) (Expenses \$98,746. including grants of \$32,990. ) (Revenue \$  |
| 4c         | (Code:) (Expenses \$98,746. including grants of \$32,990. ) (Revenue \$<br>PROVISION OF SUPPORT FOR PANCREATIC CANCER RESEARCH, INCLUDING  |
|            | PROVIDING EDUCATIONAL AND RESEARCH GRANTS TO ORGANIZATIONS WORKING   |
|            | TOWARDS THE CURE OF PANCREATIC CANCER.   |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            | Other program services (Describe on Schedule O.)   |
| <u>۵</u> ط |  |
| 4d         | (Expenses \$ including grants of \$ ) (Revenue \$ )<br>Total program service expenses 330, 542.  |

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 Form 990 (2023)
 NIKKI MITCHELL FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

|       |   |      | Yes | No       |
|-------|---|------|-----|----------|
| 1     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |      |     |          |
|       | If "Yes," complete Schedule A   | 1    | Х   |          |
| 2     | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2    | Х   |          |
| 3     | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |      |     |          |
|       | public office? If "Yes," complete Schedule C, Part I  | 3    |     | _X       |
| 4     | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      |     |          |
|       | during the tax year? If "Yes," complete Schedule C, Part II   | 4    |     | X        |
| 5     | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |      |     |          |
|       | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5    |     | <u> </u> |
| 6     | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |      |     |          |
|       | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6    |     | <u> </u> |
| 7     | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |      |     |          |
|       | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7    |     | _X_      |
| 8     | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |      |     |          |
|       | Schedule D, Part III  | 8    |     | _X_      |
| 9     | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for   |      |     |          |
|       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |      |     | 37       |
|       | If "Yes," complete Schedule D, Part IV  | 9    |     | <u> </u> |
| 10    | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |      |     | v        |
|       | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   |     | X        |
| 11    | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,   |      |     |          |
|       | as applicable.  |      |     |          |
| а     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |      | х   |          |
| Ŀ     | Part VI   | 11a  |     |          |
| D     | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  | 446  |     | х        |
| -     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |     | <u></u>  |
| C     | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   | 11c  |     | х        |
| Ч     | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i><br>Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in |      |     | - 23     |
| u     |   | 11d  |     | х        |
| ۵     | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i><br>Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>                | 11e  | х   |          |
| f     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 110  |     |          |
| •     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f  | х   |          |
| 12a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |      |     |          |
| 124   | Schedule D, Parts XI and XII  | 12a  | х   |          |
| b     | Was the organization included in consolidated, independent audited financial statements for the tax year?   | u    |     |          |
| ~     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |     | х        |
| 13    | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |     | X        |
| 14a   | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х        |
|       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |      |     |          |
|       | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |      |     |          |
|       | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |     | Х        |
| 15    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |      |     |          |
|       | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | Х        |
| 16    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |      |     |          |
|       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |     | Х        |
| 17    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |      |     |          |
|       | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17   |     | X        |
| 18    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |      |     |          |
|       | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   | Х   |          |
| 19    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |      |     |          |
|       | complete Schedule G, Part III   | 19   |     | X        |
| 20a   | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |     | X        |
| b     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |     |          |
| 21    | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |      |     |          |
|       | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21   | X   |          |
| 32003 | 12-21-23  | Form | 990 | (2023)   |

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332003 12-21-23

| Form    | 990 | (2023) |
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| 1 01111 | 000 |        |

|        |  |            | Yes | NO       |
|--------|--|------------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |     |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         | X   |          |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |            |     |          |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            |     | v        |
|        | Schedule J   | 23         |     | X        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   | 01-        |     | x        |
| h      | Schedule K. If "No," go to line 25a<br>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24a<br>24b |     |          |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 240        |     |          |
| U      | any tax-exempt bonds?  | 24c        |     |          |
| Ь      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |          |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 2.14       |     |          |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | x        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |            |     |          |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete  |            |     |          |
|        | Schedule L, Part I   | 25b        |     | X        |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |          |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | X        |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |            |     |          |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |     |          |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |     | X        |
| 28     | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,  |            |     |          |
|        | instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     | v        |
|        | "Yes," complete Schedule L, Part IV  | 28a        |     | X<br>X   |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     |          |
| C      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>  | 28c        |     | x        |
| 29     | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29         |     | X        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 25         |     |          |
| 00     | contributions? If "Yes," complete Schedule M   | 30         |     | x        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | x        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |     |          |
|        | Schedule N, Part II  | 32         |     | x        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |          |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |            |     |          |
|        | Part V, line 1   | 34         |     | X        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | X        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |            |     |          |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |     |          |
| 07     | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | X        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 27         |     | x        |
| 38     | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i><br>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 37         |     | <u> </u> |
| 50     | Note: All Form 990 filers are required to complete Schedule O  | 38         | х   |          |
| Par    |  |            |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   |            |     |          |
|        |  |            | Yes | No       |
| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a  |            |     |          |
| b      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |            |     |          |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            |     |          |
|        | (gambling) winnings to prize winners?  | 1c         | X   |          |
| 332004 | 12-21-23   | Form       | 990 | (2023)   |

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| Form    | 990 (2023) NIKKI MITCHELL FOUNDATION, INC.  | 46-3399                               | 9632       | Р     | age <b>5</b> |
|---------|---|---------------------------------------|------------|-------|--------------|
| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |                                       |            |       |              |
|         |   |                                       |            | Yes   | No           |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |                                       |            |       |              |
|         | filed for the calendar year ending with or within the year covered by this return                                   | 2a 9                                  | 2          |       |              |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax return        | ns?                                   | 2b         | Х     |              |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |                                       | 3a         |       | X            |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule           | 0                                     | 3b         |       |              |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other a           | uthority over, a                      |            |       |              |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial a            | ccount)?                              | 4a         |       | X            |
| b       | If "Yes," enter the name of the foreign country   |                                       |            |       |              |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad               |                                       |            |       |              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |                                       | <u>5a</u>  |       | X            |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact        |                                       | 5b         |       | <u>x</u>     |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |                                       | <u>5c</u>  |       | <u> </u>     |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the              | e organization solicit                |            |       |              |
|         | any contributions that were not tax deductible as charitable contributions?   |                                       | <u>6a</u>  |       | <u> </u>     |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contribution          | ons or gifts                          |            |       |              |
|         | were not tax deductible?  |                                       | 6b         |       |              |
| 7       | Organizations that may receive deductible contributions under section 170(c).                                       |                                       |            |       |              |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor?          | 7a         | X     | ┝──          |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     |                                       | 7b         | Х     | ┝──          |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | is required                           |            |       |              |
|         | to file Form 8282?  | 1 1                                   | 7c         |       | X            |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                                    |            |       |              |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co            | ontract?                              | 7e         |       | X            |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra           | act?                                  | 7f         |       | x            |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Fo        | rm 8899 as required?                  | 7g         |       | ┝──          |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza          | tion file a Form 1098-C?              | 7h         |       | <u> </u>     |
| 8       | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the              |                                       |            |       |              |
|         | sponsoring organization have excess business holdings at any time during the year?                                  |                                       |            |       |              |
| 9       | Sponsoring organizations maintaining donor advised funds.   |                                       |            |       |              |
| а       |   |                                       | 9a         |       | <u> </u>     |
| b       |   |                                       | 9b         |       |              |
| 10      | Section 501(c)(7) organizations. Enter:   |                                       |            |       |              |
| а       | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                                   | -          |       |              |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                         | 10b                                   | -          |       |              |
| 11      | Section 501(c)(12) organizations. Enter:  |                                       |            |       |              |
|         | Gross income from members or shareholders   | 11a                                   | -          |       |              |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources against                           |                                       |            |       |              |
|         | amounts due or received from them.)   | 11b                                   |            |       |              |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                |                                       | 12a        |       |              |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b                                   | -          |       |              |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                                       |            |       |              |
| а       | Is the organization licensed to issue qualified health plans in more than one state?                                |                                       | <u>13a</u> |       | <u> </u>     |
|         | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.            |                                       |            |       |              |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the                    |                                       |            |       |              |
|         | organization is licensed to issue qualified health plans  | 13b                                   | -          |       |              |
|         | Enter the amount of reserves on hand  | 13c                                   |            |       | v            |
|         |   |                                       | 14a        |       | X            |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul              |                                       | 14b        |       | ├──          |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner               |                                       | 4-         |       | v            |
|         | excess parachute payment(s) during the year?  |                                       | 15         |       | X            |
| 40      | If "Yes," see the instructions and file Form 4720, Schedule N.  | · · · · · · · · · · · · · · · · · · · |            |       | v            |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment             | income?                               | 16         |       | X            |
| <i></i> | If "Yes," complete Form 4720, Schedule O.   | 1                                     |            |       |              |
| 17      | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac               |                                       | -          |       |              |
|         | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                              |                                       | 17         |       | <u> </u>     |
|         | If "Yes," complete Form 6069.   |                                       |            | 000   | (0000)       |
| 332005  | 12-21-23  |                                       | Form       | 1 220 | (2023)       |

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### $13081112 \ 781331 \ 20052-20052$

| Form 990 | (2023) |
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NIKKI MITCHELL FOUNDATION, INC.

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|---|--|
| Section A. Governing Body and Management                                    |  |

|                     |   |             |                       |       |         | V.      | NI -     |
|---------------------|---|-------------|-----------------------|-------|---------|---------|----------|
| 4.0                 | Enter the number of veting members of the governing body at the and of the tay year   | 4.          | 1                     | 8     |         | Yes     | No       |
| Ia                  | Enter the number of voting members of the governing body at the end of the tax year   | <u>1a</u>   |                       | 쒸     |         |         |          |
|                     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.                                       |             |                       |       |         |         |          |
| b                   | Enter the number of voting members included on line 1a, above, who are independent  | 1b          |                       | 7     |         |         |          |
| 2                   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                                   |             | l<br>any other        | Ĥ     |         |         |          |
| 2                   | officer disector twister on low complexies  |             |                       | 1     | 2       |         | х        |
| 3                   | Did the organization delegate control over management duties customarily performed by or under the  |             |                       | F     | 2       |         |          |
| 3                   | of officers, directors, tructors, or low employees to a management company or other person?   |             | •                     |       | 3       |         | х        |
| 4                   | Did the organization make any significant changes to its governing documents since the prior Form 9   |             | s filed?              |       | 4       |         | X        |
| - <del>-</del><br>5 | Did the organization become aware during the year of a significant diversion of the organization's ass                                      |             | 3 meu :               | · ⊢   | 5       |         | X        |
| 6                   | Did the experimentian have rearrhead an at-althout days 2   |             |                       | •     | 6       |         | X        |
| 0<br>7a             | Did the organization have members or stockholders?  |             |                       | F     | 0       |         |          |
| 74                  |   | •           |                       |       | 7a      |         | х        |
| b                   | more members of the governing body?<br>Are any governance decisions of the organization reserved to (or subject to approval by) members, st |             |                       |       | 74      |         |          |
|                     | persons other than the governing body?  |             |                       |       | 7b      |         | х        |
| 8                   | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea                              |             |                       |       | 10      |         |          |
| a                   | The governing body?   | -           | -                     | - E   | 8a      | х       |          |
| b                   | Each committee with authority to act on behalf of the governing body?   |             |                       |       | 8b      | х       |          |
| 9                   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                                  |             |                       |       |         |         |          |
| -                   | organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>  |             |                       |       | 9       |         | х        |
| Sec                 | tion B. Policies (This Section B requests information about policies not required by the Internal Re  |             |                       |       |         |         |          |
|                     |   | vonuo       | 0000./                |       |         | Yes     | No       |
| 10a                 | Did the organization have local chapters, branches, or affiliates?  |             |                       | ſ     | 10a     |         | Х        |
|                     | If "Yes," did the organization have written policies and procedures governing the activities of such ch                                     |             |                       | Γ     |         |         |          |
|                     | and branches to ensure their operations are consistent with the organization's exempt purposes?   |             | , ,                   | -     | 10b     |         |          |
| 11a                 | Has the organization provided a complete copy of this Form 990 to all members of its governing body   | / befoi     | e filing the form?    | · [-  | 11a     | Х       |          |
| b                   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |             |                       |       |         |         |          |
| 12a                 | Did the organization have a written conflict of interest policy? If "No," go to line 13   |             |                       | ŀ     | 12a     | X       |          |
| b                   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                       |             |                       | . L   | 12b     | Х       |          |
| с                   | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y                                       | ′es," d     | escribe               |       |         |         |          |
|                     | on Schedule O how this was done   |             |                       | Ŀ     | 12c     | Х       |          |
| 13                  | Did the organization have a written whistleblower policy?   |             |                       | L     | 13      | Х       |          |
| 14                  | Did the organization have a written document retention and destruction policy?  |             |                       | L     | 14      | Х       |          |
| 15                  | Did the process for determining compensation of the following persons include a review and approva  | l by in     | dependent             |       |         |         |          |
|                     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |             |                       |       |         |         |          |
| а                   | The organization's CEO, Executive Director, or top management official  |             |                       | Ŀ     | 15a     | Х       |          |
| b                   | Other officers or key employees of the organization   |             |                       | Ŀ     | 15b     |         | X        |
|                     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |             |                       |       |         |         |          |
| 16a                 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen                                 | nent w      | ith a                 |       |         |         |          |
|                     | taxable entity during the year?   |             |                       | Ŀ     | 16a     |         | <u> </u> |
| b                   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                                   | -           | -                     |       |         |         |          |
|                     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                       | izatior     | ı's                   |       |         |         |          |
| 0                   | exempt status with respect to such arrangements?  |             |                       | -     | 16b     |         |          |
|                     | tion C. Disclosure  | <u>, 11</u> | T 00                  |       |         |         |          |
| 17                  | List the states with which a copy of this Form 990 is required to be filed <u>TN, AL, CA, GA, M</u>   |             |                       |       |         |         |          |
| 18                  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar                                       | na 990      | - 1 (section 501(c)(3 | s)s o | oniy) a | ivailab | bie      |
|                     | for public inspection. Indicate how you made these available. Check all that apply.   |             |                       |       |         |         |          |
| 40                  | X Own website Another's website X Upon request Other (explain   |             | ,                     |       |         | 1       |          |
| 19                  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co   | nflict o    | of interest policy, a | nd fi | inanc   | ial     |          |
| 00                  | statements available to the public during the tax year.   | 1           | d                     |       |         |         |          |
| 20                  | State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - 615 982-6802           | oks and     | u records             |       |         |         |          |
|                     | PO BOX 68305, NASHVILLE, TN 37206   |             |                       |       |         |         |          |
| 00000               | PO BOX 00505, NASHVILLE, IN 57200   |             |                       |       | Form    | 990     | (2023)   |
| 332UN               | 16-61-63  |             |                       |       | TUTIL   | 200     | LUZOL    |

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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate |
|----------|--|
|          | Employees, and Independent Contractors   |

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т 

| (A)                                 | (B)  |                                |                       | (C<br>Pos         | <b>C)</b><br>ition |                                  |  | (D)                                | (E)  | (F)                             |
|-------------------------------------|--|--------------------------------|-----------------------|-------------------|--------------------|----------------------------------|--|------------------------------------|--|---------------------------------|
| Name and title                      | Average<br>hours per<br>week   | box,                           | not cl<br>, unles     | heck ı<br>ss per  | more<br>son i      | than o<br>s both<br>r/trus       | an   | Reportable<br>compensation<br>from | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other |
|                                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | the organizations |                    | organizations<br>(W-2/1099-MISC/ | compensation<br>from the<br>organization<br>and related<br>organizations |                                    |  |                                 |
| (1) CHRISTA BOWLES                  | 40.00  |                                |                       | v                 |                    |                                  |  | 71 006                             | 0  | 0                               |
| EXECUTIVE DIRECTOR (2) RHONDA MILES | 40.00  |                                |                       | Х                 |                    |                                  |  | 71,096.                            | 0.   | 0.                              |
| PRESIDENT                           | 40.00  | х                              |                       | x                 |                    |                                  |  | 20,000.                            | 0.   | 0.                              |
| (3) CINDY DENHAM                    | 1.00   | 21                             |                       | - 23              |                    |                                  |  | 20,000                             |  | <b>U</b> .                      |
| TREASURER                           | 1.00   | х                              |                       | x                 |                    |                                  |  | 0.                                 | 0.   | 0.                              |
| (4) SCOTT SAFFORD                   | 1.00   |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| DIRECTOR                            |  | х                              |                       |                   |                    |                                  |  | 0.                                 | 0.   | 0.                              |
| (5) LISA EIDELBERG                  | 2.00   |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| DIRECTOR                            |  | х                              |                       |                   |                    |                                  |  | 0.                                 | Ο.   | 0.                              |
| (6) TERRIE LAWRENCE                 | 1.00   |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| DIRECTOR                            |  | Х                              |                       |                   |                    |                                  |  | 0.                                 | 0.   | 0.                              |
| (7) KIM MCCOLLUM-MELE               | 1.00   |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| DIRECTOR                            |  | Х                              |                       |                   |                    |                                  |  | 0.                                 | 0.   | 0.                              |
| (8) NAN FOSTER                      | 1.00   |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| DIRECTOR                            | 1.00   | Х                              |                       |                   |                    |                                  |  | 0.                                 | 0.   | 0.                              |
| (9) SHANNAN HATCH                   | 1.00   | 77                             |                       |                   |                    |                                  |  |                                    | 0  | 0                               |
| DIRECTOR                            |  | X                              |                       |                   |                    |                                  |  | 0.                                 | 0.   | 0.                              |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
|                                     |  |                                |                       |                   |                    |                                  |  |                                    |  |                                 |
| 222007 12 21 22                     | I  |                                |                       |                   |                    |                                  |  | l                                  |  | Form <b>990</b> (2023)          |

332007 12-21-23

Form 990 (2023)

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|      | 990 (2023) NIKKI MIT   |                      |                                |                       |           |              |   |        |                                | 46-33                        | 8996  | 532     | Pag              | ge <b>8</b>     |
|------|--|----------------------|--------------------------------|-----------------------|-----------|--------------|---|--------|--------------------------------|------------------------------|-------|---------|------------------|-----------------|
| Par  |  |                      | oloy                           | ees,                  |           |              | ghes                                    | t C    |                                | , ,                          |       |         |                  |                 |
|      | (A)  | (B)                  |                                |                       | (C<br>Pos | C)           | ,                                       |        | (D)                            | (E)                          |       |         | (F)              |                 |
|      | Name and title   | Average<br>hours per |                                | not c                 | heck      | more         | than c                                  |        | Reportable                     | Reportable                   |       |         | imated           |                 |
|      |  | week                 |                                |                       |           |              | s both<br>pr/trust                      |        | compensation<br>from           | compensation<br>from related |       |         | ount of<br>other |                 |
|      |  | (list any            | ctor                           |                       |           |              |   |        | the                            | organizations                | s     |         | pensatio         | on              |
|      |  | hours for            | r direc                        |                       |           |              | ed                                      |        | organization                   | (W-2/1099-MIS                | I     |         | om the           |                 |
|      |  | related              | stee o                         | ustee                 |           |              | ensat                                   |        | (W-2/1099-MISC/                | 1099-NEC)                    |       | orga    | anizatio         | n               |
|      |  | organizations        | al trus                        | onal tr               |           | loyee        | comp                                    |        | 1099-NEC)                      |                              |       |         | related          |                 |
|      |  | below<br>line)       | Individual trustee or director | Institutional trustee | Officer   | ƙey employee | Highest compensated<br>employee         | Former |                                |                              |       | orga    | nizatior         | IS              |
|      |  |                      | Ē                              | ŝ                     | 0         | Ke           | e Hi                                    | ß      |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      | -                              |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      | 1                              |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        | 01.000                         |                              | _     |         |                  |                 |
|      | Subtotal   |                      |                                |                       |           |              |   |        | 91,096.                        |                              | 0.    |         |                  | <u>0.</u><br>0. |
|      | Total from continuation sheets to Part VI  |                      |                                |                       |           |              |   |        | 91,096.                        |                              | 0.    |         |                  | 0.              |
| 2    | Total (add lines 1b and 1c)<br>Total number of individuals (including but n          |                      |                                |                       |           |              |   |        | · · ·                          | 000 of reportable            |       |         |                  | 0.              |
| -    | compensation from the organization   |                      | 000                            | noto                  | u ut      |              | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 010    |                                |                              |       |         |                  | 0               |
|      | · · ·  |                      |                                |                       |           |              |   |        |                                |                              | _     |         | Yes              | No              |
| 3    | Did the organization list any former officer,  | director, truste     | ee, k                          | key e                 | empl      | loye         | e, or                                   | hig    | hest compensated emp           | loyee on                     |       |         |                  |                 |
|      | line 1a? If "Yes," complete Schedule J for s   | uch individual       |                                |                       |           |              |   |        |                                |                              |       | 3       |                  | X               |
| 4    | For any individual listed on line 1a, is the su                                      |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
| _    | and related organizations greater than \$150   |                      |                                | •                     |           |              |   |        |                                |                              |       | 4       | _                | <u>x</u>        |
| 5    | Did any person listed on line 1a receive or a  |                      |                                |                       |           |              |   |        |                                |                              |       | 5       |                  | Х               |
| Sect | rendered to the organization? <i>If</i> "Yes," com<br>ion B. Independent Contractors | plete Schedule       | <u>ə J to</u>                  | or sl                 | icn į     | bers         | on .                                    |        |                                |                              |       | 5       |                  | <u> </u>        |
| 1    | Complete this table for your five highest co   | mpensated ind        | lepe                           | ndei                  | nt co     | ontra        | actor                                   | 's th  | nat received more than \$      | 100,000 of comp              | ensat | ion fro | m                |                 |
|      | the organization. Report compensation for  | the calendar ye      | ear e                          | endir                 | ng w      | ith c        | or wi                                   | thin   | the organization's tax y       | ear.                         |       |         |                  |                 |
|      | (A)<br>Name and business   | addraaa              | 370                            | <b>` ` ` `</b>        | -         |              |   |        | <b>(B)</b><br>Description of s | onviooo                      | C     | (C      | )<br>Isation     |                 |
|      |  | 2001655              | INC                            | ONE                   | 5         |              |   |        | Description of s               | ervices                      | 0     | omper   | ISALION          |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
|      |  |                      |                                |                       |           |              |   |        |                                |                              |       |         |                  |                 |
| 2    | Total number of independent contractors (in  | •                    | ot lin                         | nited                 | d to      |              |   | ted    | above) who received mo         | ore than                     |       |         |                  |                 |
|      | \$100,000 of compensation from the organiz   | zation               |                                |                       |           | (            | J                                       |        |                                |                              |       |         |                  |                 |

Form **990** (2023)

332008 12-21-23

|   |                |                                 | KI MITCHEL           | L FOUNDAT          | TION, INC.                  |                          | 46-3399          | 632 Page <b>9</b>              |
|---|----------------|---------------------------------|----------------------|--------------------|-----------------------------|--------------------------|------------------|--------------------------------|
| Pa  | rt VII         |                                 |                      |                    |                             |                          |                  |                                |
|   |                | Check if Schedule O c           | contains a response  | or note to any lin |                             |                          | (C)              |                                |
|   |                |                                 |                      |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated | <b>(D)</b><br>Revenue excluded |
|   |                |                                 |                      |                    | Total revenue               |                          | business revenue | from tax under                 |
|   |                |                                 |                      |                    |                             |                          |                  | sections 512 - 514             |
| t t   | 1 a            | Federated campaigns             | 1a                   |                    |                             |                          |                  |                                |
| un a  | b              |                                 | 1b                   |                    |                             |                          |                  |                                |
| <u> </u>  | с              | Fundraising events              | 1c                   | 391,323.           |                             |                          |                  |                                |
| ifts<br>ar A  | d              |                                 |                      |                    |                             |                          |                  |                                |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | е              | • · · · · ·                     |                      |                    |                             |                          |                  |                                |
| ŝiŝ   | f              | All other contributions, gifts, |                      |                    |                             |                          |                  |                                |
| her   | -              | similar amounts not included    | -                    | 347,132.           |                             |                          |                  |                                |
| ĞĔ  | g              |                                 |                      |                    |                             |                          |                  |                                |
| - Nor   | b<br>b         | Total. Add lines 1a-1f          |                      |                    | 738,455.                    |                          |                  |                                |
| 0.0   |                |                                 |                      | Business Code      | 10071001                    |                          |                  |                                |
|   | 0.0            |                                 |                      | Business Souc      |                             |                          |                  |                                |
| /ice  | 2 a            |                                 |                      |                    |                             |                          |                  |                                |
| ue  | b              |                                 |                      |                    |                             |                          |                  |                                |
| am Ser  | c              |                                 |                      |                    |                             |                          |                  |                                |
| grai<br>Re  |                |                                 |                      |                    |                             |                          |                  |                                |
| Program Service<br>Revenue                                | e              |                                 |                      |                    |                             |                          |                  |                                |
| Δ.  |                | All other program service       |                      |                    |                             |                          |                  |                                |
|   | g              |                                 |                      |                    |                             |                          |                  |                                |
|   | 3              | Investment income (includ       | •                    |                    | 7 010                       |                          |                  | 7 010                          |
|   |                |                                 |                      |                    | 7,010.                      |                          |                  | 7,010.                         |
|   | 4              | Income from investment o        |                      |                    |                             |                          |                  |                                |
|   | 5              | Royalties                       |                      |                    |                             |                          |                  |                                |
|   |                |                                 | (i) Real             | (ii) Personal      |                             |                          |                  |                                |
|   | 6 a            | Gross rents                     | 6a                   |                    |                             |                          |                  |                                |
|   | b              | Less: rental expenses           | 6b                   |                    |                             |                          |                  |                                |
|   | с              | Rental income or (loss)         | 6c                   |                    |                             |                          |                  |                                |
|   | d              | Net rental income or (loss)     |                      |                    |                             |                          |                  |                                |
|   | 7 a            | Gross amount from sales of      | (i) Securities       | (ii) Other         |                             |                          |                  |                                |
|   |                | assets other than inventory     | 7a                   |                    |                             |                          |                  |                                |
|   | b              | Less: cost or other basis       |                      |                    |                             |                          |                  |                                |
| ne  |                | and sales expenses              | 7b                   |                    |                             |                          |                  |                                |
| evenue  | с              | Gain or (loss)                  | 7c                   |                    |                             |                          |                  |                                |
|   | d              | Net gain or (loss)              | <u></u>              |                    |                             |                          |                  |                                |
| Other R   |                | Gross income from fundraisir    |                      |                    |                             |                          |                  |                                |
| ₫   |                | including \$ 391                | ,323. of             |                    |                             |                          |                  |                                |
|   |                | contributions reported on       | line 1c). See        |                    |                             |                          |                  |                                |
|   |                | Part IV, line 18                |                      | 107,645.           |                             |                          |                  |                                |
|   | b              |                                 |                      | 124,544.           |                             |                          |                  |                                |
|   | с              |                                 |                      |                    | -16,899.                    |                          |                  | -16,899.                       |
|   |                | Gross income from gamin         |                      |                    |                             |                          |                  | -                              |
|   |                | Part IV, line 19                | -                    |                    |                             |                          |                  |                                |
|   | b              |                                 |                      |                    |                             |                          |                  |                                |
|   | c              |                                 |                      |                    |                             |                          |                  |                                |
|   |                | Gross sales of inventory, le    |                      |                    |                             |                          |                  |                                |
|   |                | and allowances                  |                      | a                  |                             |                          |                  |                                |
|   | ь              | Less: cost of goods sold        |                      |                    |                             |                          |                  |                                |
|   |                | Net income or (loss) from s     | ·····                |                    |                             |                          |                  |                                |
|   |                |                                 | calor of involtory . | Business Code      |                             |                          |                  |                                |
| sn  | 11 a           | OTHER REVENUE                   |                      | 900099             | 11,765.                     | 11,765.                  | 0.               |                                |
| oər   | - 1 d          |                                 |                      |                    | ,                           | ,                        |                  |                                |
| illar<br>ven  | b              |                                 |                      |                    |                             |                          |                  |                                |
| Miscellaneous<br>Revenue                                  | с<br>с         |                                 |                      |                    |                             |                          |                  |                                |
| ž   | d              |                                 |                      |                    | 11,765.                     |                          |                  |                                |
|   | <u>е</u><br>12 | Total. Add lines 11a-11d        |                      |                    | 740,331.                    | 11,765.                  | 0.               | -9,889.                        |
| 00000   |                | Total revenue. See instructio   | יווס                 |                    | 1 = 0   J J I •             | , /0,5•                  |                  | Form <b>990</b> (2023)         |
| 33200   | 9 12-21        | 1-23                            |                      |                    |                             |                          |                  | (2023)                         |

#### 13081112 781331 20052-20052

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NIKKI MITCHELL FOUNDATION, Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

INC.

|             | Check if Schedule O contains a respons   |                              |   | ·····  |                                       |
|-------------|--|------------------------------|---|--|---------------------------------------|
|             | t include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.                          | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|             | Grants and other assistance to domestic organizations  |                              |   |  |                                       |
|             | and domestic governments. See Part IV, line 21   | 32,990.                      | 32,990.                                   |  |                                       |
|             | Grants and other assistance to domestic  | 105 010                      | 107 010                                   |  |                                       |
|             | ndividuals. See Part IV, line 22   | 127,012.                     | 127,012.                                  |  |                                       |
|             | Grants and other assistance to foreign   |                              |   |  |                                       |
|             | organizations, foreign governments, and foreign  |                              |   |  |                                       |
|             | ndividuals. See Part IV, lines 15 and 16   |                              |   |  |                                       |
|             | Benefits paid to or for members  |                              |   |  |                                       |
|             | Compensation of current officers, directors,   | 01 006                       | 22 500                                    | 27 000   | <b>11 EQ</b>                          |
|             | rustees, and key employees   | 91,096.                      | 22,500.                                   | 27,000.  | 41,596                                |
|             | Compensation not included above to disqualified  |                              |   |  |                                       |
|             | persons (as defined under section $4958(f)(1)$ ) and   |                              |   |  |                                       |
|             | persons described in section 4958(c)(3)(B)   | 150,046.                     | 100,674.                                  | 10,831.  | 38,541                                |
|             | Other salaries and wages<br>Pension plan accruals and contributions (include                     | 10,040.                      | 100,0/4.                                  |  | JU,J41                                |
|             |  |                              |   |  |                                       |
|             | Section 401(k) and 403(b) employer contributions) Dther employee benefits                        | 1,122.                       | 573.                                      | 176.   | 373.                                  |
|             |  | 18,816.                      | 9,611.                                    | 2,952.   | 6,253                                 |
|             | Payroll taxes  | 10,010.                      | <u> </u>                                  |  | 5,255                                 |
|             | Management   |                              |   |  |                                       |
|             |  | 4,474.                       |   |  | 4,474                                 |
|             | Accounting   | 20,359.                      |   | 20,359.  | -/-/-                                 |
|             | _obbying   |                              |   |  |                                       |
|             | Professional fundraising services. See Part IV, line 17  |                              |   |  |                                       |
|             | nvestment management fees  |                              |   |  |                                       |
|             | Other. (If line 11g amount exceeds 10% of line 25,   |                              |   |  |                                       |
| -           | column (A), amount, list line 11g expenses on Sch O.)  |                              |   |  |                                       |
|             | Advertising and promotion  | 3,434.                       |   |  | 3,434                                 |
|             | Office expenses  | 31,189.                      | 3,313.                                    | 19,080.  | 8,796                                 |
|             | nformation technology  | 1,171.                       | 1,053.                                    | 59.  | 59.                                   |
|             | Royalties  |                              |   |  |                                       |
|             | Dccupancy  | 9,336.                       | 4,668.                                    | 3,267.   | 1,401.                                |
| 17 ]        | Fravel   | 22,907.                      | 9,645.                                    |  | 13,262                                |
|             | Payments of travel or entertainment expenses   |                              |   |  |                                       |
| f           | or any federal, state, or local public officials   |                              |   |  |                                       |
| 19 (        | Conferences, conventions, and meetings   |                              |   |  |                                       |
| <b>20</b>   | nterest  |                              |   |  |                                       |
|             | Payments to affiliates   |                              |   |  | <u> </u>                              |
| <b>22</b> [ | Depreciation, depletion, and amortization  | 1,320.                       | 95.                                       | 95.  | 1,130.                                |
|             | nsurance   | 2,866.                       |   | 2,866.   |                                       |
| <b>24</b> ( | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If |                              |   |  |                                       |
| I           | ine 24e amount exceeds 10% of line 25, column (A),   |                              |   |  |                                       |
|             | amount, list line 24e expenses on Schedule O.)   | 10 100                       | 10 100                                    |  |                                       |
| -           | DOCUMENTARY  | 18,408.                      | 18,408.                                   |  |                                       |
| -           | MISCELLANEOUS  | 3,559.                       |   |  | 3,559.                                |
| с _         |  |                              |   |  |                                       |
| d           |  |                              |   |  |                                       |
|             | All other expenses   | E40 10E                      | 220 542                                   | 06 605   | 100 070                               |
|             | Fotal functional expenses.         Add lines 1 through 24e                                       | 540,105.                     | 330,542.                                  | 86,685.  | 122,878.                              |
|             | <b>Joint costs.</b> Complete this line only if the organization                                  |                              |   |  |                                       |
|             | reported in column (B) joint costs from a combined   |                              |   |  |                                       |
|             | educational campaign and fundraising solicitation.   |                              |   |  |                                       |
| (           | Sheck here if following SOP 98-2 (ASC 958-720)   |                              |   |  | Form <b>990</b> (2023                 |

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13081112 781331 20052-20052

| NIKKI MITCHELL FOUNDATION, IN |
|-------------------------------|
|-------------------------------|

46-3399632 Page 11

| Pa            |     | balance Sheet  |   |                                       |                                 |     |                           |
|---------------|-----|--|---|---------------------------------------|---------------------------------|-----|---------------------------|
|               |     | Check if Schedule O contains a response or not       | te to any   | line in this Part X                   |                                 |     |                           |
|               |     |  |   |                                       | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|               | 1   | Cash - non-interest-bearing                          |   |                                       | 92,136.                         | 1   | 179,791.                  |
|               | 2   | Savings and temporary cash investments               |   |                                       | 448,051.                        | 2   | 553,210.                  |
|               | 3   | Pledges and grants receivable, net                   |   |                                       |                                 | 3   |                           |
|               | 4   | Accounts receivable, net                             |   |                                       |                                 | 4   |                           |
|               | 5   | Loans and other receivables from any current o       |   |                                       |                                 |     |                           |
|               |     | trustee, key employee, creator or founder, subs      | tantial c   | ontributor, or 35%                    |                                 |     |                           |
|               |     | controlled entity or family member of any of the     | se perso  | ins                                   |                                 | 5   |                           |
|               | 6   | Loans and other receivables from other disquali      | fied per  | sons (as defined                      |                                 |     |                           |
|               |     | under section 4958(f)(1)), and persons described     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) |                                       |                                 |     |                           |
| S             | 7   | Notes and loans receivable, net                      |   |                                       |                                 | 7   |                           |
| Assets        | 8   | Inventories for sale or use                          |   |                                       |                                 | 8   |                           |
| Ř             | 9   |  |   |                                       |                                 | 9   |                           |
|               | 10a | Land, buildings, and equipment: cost or other        |   |                                       |                                 |     |                           |
|               |     | basis. Complete Part VI of Schedule D                | 10a   | 9,757.                                |                                 |     |                           |
|               | b   | Less: accumulated depreciation                       | 10b   | 4,245.                                | 5,686.                          | 10c | 5,512.                    |
|               | 11  | Investments - publicly traded securities             |   |                                       |                                 | 11  |                           |
|               | 12  | Investments - other securities. See Part IV, line    |   | 12                                    |                                 |     |                           |
|               | 13  | Investments - program-related. See Part IV, line     |   | 13                                    |                                 |     |                           |
|               | 14  | Intangible assets                                    |   | 14                                    |                                 |     |                           |
|               | 15  | Other assets. See Part IV, line 11                   |   |                                       | 2,500.                          | 15  | 2,500.                    |
|               | 16  | Total assets. Add lines 1 through 15 (must equ       | al line 3   | 3)                                    | 548,373.                        | 16  | 741,013.                  |
|               | 17  | Accounts payable and accrued expenses                |   | 17                                    |                                 |     |                           |
|               | 18  | Grants payable                                       |   | 18                                    |                                 |     |                           |
|               | 19  | Deferred revenue                                     |   |                                       | 19                              |     |                           |
|               | 20  | Tax-exempt bond liabilities                          |   |                                       |                                 | 20  |                           |
|               | 21  | Escrow or custodial account liability. Complete      | Part IV   | of Schedule D                         |                                 | 21  |                           |
| Se            | 22  | Loans and other payables to any current or form      | ner offic   | er, director,                         |                                 |     |                           |
| liti          |     | trustee, key employee, creator or founder, subs      | tantial c   | ontributor, or 35%                    |                                 |     |                           |
| Liabilities   |     | controlled entity or family member of any of the     | se perso  | ins                                   |                                 | 22  |                           |
|               | 23  | Secured mortgages and notes payable to unrela        |   | · · · · · · · · · · · · · · · · · · · |                                 | 23  |                           |
|               | 24  | Unsecured notes and loans payable to unrelate        |   |                                       |                                 | 24  |                           |
|               | 25  | Other liabilities (including federal income tax, pa  |   |                                       |                                 |     |                           |
|               |     | parties, and other liabilities not included on lines | s 17-24)  | Complete Part X                       | 1 C 0 2 1                       |     | 0 145                     |
|               |     | of Schedule D  |   | ·····                                 | 16,731.                         | 25  | 9,145.                    |
|               | 26  |  |   |                                       | 16,731.                         | 26  | 9,145.                    |
| ø             |     | Organizations that follow FASB ASC 958, che          | eck here  |                                       |                                 |     |                           |
| nce           | 07  | and complete lines 27, 28, 32, and 33.               |   |                                       | 531 642                         | 07  | 731 969                   |
| Fund Balances | 27  |  |   |                                       | 531,642.                        | 27  | 731,868.                  |
| а<br>В        | 28  | Net assets with donor restrictions                   |   |                                       |                                 | 28  |                           |
| Ğ             |     | Organizations that do not follow FASB ASC 9          | 58, che   | ck here                               |                                 |     |                           |
| с<br>Т        | 00  | and complete lines 29 through 33.                    |   |                                       |                                 | 00  |                           |
| jts (         | 29  | Capital stock or trust principal, or current funds   |   |                                       |                                 | 29  |                           |
| SSG           | 30  | Paid-in or capital surplus, or land, building, or ed |   |                                       |                                 | 30  |                           |
| Net Assets or | 31  | Retained earnings, endowment, accumulated in         |   |                                       | 531,642.                        | 31  | 731,868.                  |
| ž             | 32  | Total net assets or fund balances                    |   |                                       | 548,373.                        | 32  | 741,013.                  |
|               | 33  | Total liabilities and net assets/fund balances       |   |                                       | 740,273.                        | 33  | $\frac{741,013}{500}$     |

Form 990 (2023)

Form 990 (2023) NIF

|    | 1990 (2023) NIKKI MITCHELL FOUNDATION, INC.  | 46-339    | 9632 | Pag   | <sub>ge</sub> 12 |
|----|--|-----------|------|-------|------------------|
| Pa | rt XI Reconciliation of Net Assets   |           |      |       |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI  |           |      |       |                  |
|    |  |           |      |       |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1         |      | 0,3   |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2         |      | 0,1   |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3         |      | 0,2   |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4         | 53:  | 1,6   | <u>42.</u>       |
| 5  | Net unrealized gains (losses) on investments   | 5         |      |       |                  |
| 6  | Donated services and use of facilities   | 6         |      |       |                  |
| 7  | Investment expenses  | 7         |      |       |                  |
| 8  | Prior period adjustments   | 8         |      |       |                  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9         |      |       | 0.               |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |           |      |       |                  |
|    | column (B))  | 10        | 73:  | 1,8   | 68.              |
| Pa | rt XII Financial Statements and Reporting  |           |      |       |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |           |      |       | X                |
|    |  |           |      | Yes   | No               |
| 1  | Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE                                       | D CASH    |      |       |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | 0.        |      |       |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           | 2a   |       | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a      |      |       |                  |
|    | separate basis, consolidated basis, or both:   |           |      |       |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |           |      |       |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                 |           | 2b   | Х     |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis,  |      |       |                  |
|    | consolidated basis, or both:   |           |      |       |                  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |           |      |       |                  |
| с  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,  |      |       |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                     |           | 2c   |       | X                |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | edule O.  |      |       |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |           |      |       |                  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |           | 3a   |       | X                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit |      |       |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           | <u></u>   | 3b   |       |                  |
|    |  |           |      | aan . |                  |

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047            |
|------------------------------|
| 2023                         |
| Open to Public<br>Inspection |

## Name of the organization

| Name  | of t  | he organization  |                         |   |                  |                                 |                  | Employer      | identification number      |  |  |
|-------|---|--|-------------------------|---|------------------|---------------------------------|------------------|---------------|----------------------------|--|--|
|       |   |  |                         | FOUNDATION,   |                  |                                 |                  |               | 6-3399632                  |  |  |
| Par   | tl  | Reason for Public (  | Charity Status. (       | All organizations must c                              | omplete th       | nis part.) S                    | ee instruction   | S.            |                            |  |  |
| The o | rgan  | ization is not a private found   | ation because it is: (F | For lines 1 through 12, cl                            | heck only        | one box.)                       |                  |               |                            |  |  |
| 1 [   |   | A church, convention of ch   | urches, or associatio   | n of churches described                               | in sectio        | n 170(b)(1                      | )(A)(i).         |               |                            |  |  |
| 2 [   |   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)                  |                         |   |                  |                                 |                  |               |                            |  |  |
| 3 [   |   | A hospital or a cooperative  | hospital service orga   | nization described in se                              | ection 170       | (b)(1)(A)(ii                    | i).              |               |                            |  |  |
| 4 [   |   | A medical research organization  | ation operated in cor   | junction with a hospital                              | described        | in sectio                       | n 170(b)(1)(A    | )(iii). Enter | the hospital's name,       |  |  |
|       |   | city, and state:   |                         |   |                  |                                 |                  |               |                            |  |  |
| 5 [   | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   | section 170(b)(1)(A)(iv). (Complete Part II.)  |                         |   |                  |                                 |                  |               |                            |  |  |
| 6     |   | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |                         |   |                  |                                 |                  |               |                            |  |  |
| 7     | X   | An organization that norma   | lly receives a substar  | ntial part of its support fr                          | om a gove        | ernmental                       | unit or from th  | ne general p  | public described in        |  |  |
| _     |   | section 170(b)(1)(A)(vi). (C   | omplete Part II.)       |   |                  |                                 |                  |               |                            |  |  |
| 8     |   | A community trust describe   | ed in section 170(b)(   | 1)(A)(vi). (Complete Part                             | t II.)           |                                 |                  |               |                            |  |  |
| 9     |   | An agricultural research org   | anization described i   | in section 170(b)(1)(A)(i                             | ix) operate      | ed in conju                     | nction with a    | land-grant    | college                    |  |  |
|       |   | or university or a non-land-g  | grant college of agricu | ulture (see instructions).                            | Enter the I      | name, city                      | and state of     | the college   | or                         |  |  |
| -     |   | university:  |                         |   |                  |                                 |                  |               |                            |  |  |
| 10    |   | An organization that norma   | lly receives (1) more t | than 33 1/3% of its supp                              | ort from c       | ontributior                     | is, membersh     | ip fees, and  | d gross receipts from      |  |  |
|       |   | activities related to its exem   |                         | -   |                  |                                 |                  |               | -                          |  |  |
|       |   | income and unrelated busir   |                         | (less section 511 tax) fro                            | m busines        | ses acquii                      | ed by the org    | anization a   | fter June 30, 1975.        |  |  |
| г     | _   | See section 509(a)(2). (Cor  | -                       |   |                  |                                 |                  |               |                            |  |  |
| 11    |   | An organization organized a  | -                       | •   | •                |                                 |                  |               |                            |  |  |
| 12    |   | An organization organized a  | -                       | •   | -                |                                 |                  | •             |                            |  |  |
|       |   | more publicly supported or   | -                       |   |                  |                                 |                  |               | Check the box on           |  |  |
| _     |   | lines 12a through 12d that   | • •                     |   |                  |                                 |                  | -             | - t. t                     |  |  |
| а     |   | <b>Type I.</b> A supporting orga   | -                       | -   | • • • •          | -                               |                  |               |                            |  |  |
|       |   | the supported organization   |                         |   | majority c       | of the direc                    | tors or trustee  | es of the sl  | ipporting                  |  |  |
| L     |   | organization. You must o   | -                       |   | ion with it.     |                                 | d arganizatio    |               | ina                        |  |  |
| b     |   | <b>Type II.</b> A supporting org   | -                       |   |                  |                                 | -                |               | -                          |  |  |
|       |   | control or management o  |                         |   | ame perso        | ns that coi                     | inoi or manaç    | ye me supp    | Joned                      |  |  |
| ~     |   | organization(s). You mus<br>Type III functionally inte   |                         |   | in connoct       | ion with a                      | nd functional    | ly intograto  | d with                     |  |  |
| С     |   | its supported organization   | • • •                   |   |                  |                                 |                  | iy integrate  | u with,                    |  |  |
| d     |   | Type III non-functionally  |                         | -   |                  |                                 |                  | ted organiz   | vation(s)                  |  |  |
| u     |   | that is not functionally int   | • •                     |   |                  |                                 |                  | ° °           |                            |  |  |
|       |   | requirement (see instructi   |                         |   | •                |                                 |                  | anallenin     | 61633                      |  |  |
| е     |   | Check this box if the orga   | ,                       | •   |                  |                                 |                  | II. Type III  |                            |  |  |
| Ū     |   | functionally integrated, or  |                         |   |                  |                                 | , i jpo i, i jpo | n, 1990 m     |                            |  |  |
| f     | Ente  | er the number of supported of  |                         |   | 0 0              |                                 |                  |               |                            |  |  |
|       |   | vide the following information   | •                       |   |                  |                                 |                  |               |                            |  |  |
|       |   | i) Name of supported   | (ii) EIN                | (iii) Type of organization                            | (iv) Is the orga | nization listed<br>ng document? | (v) Amount of    | monetary      | (vi) Amount of other       |  |  |
|       |   | organization   |                         | (described on lines 1-10<br>above (see instructions)) | Yes              | No                              | support (see ir  | structions)   | support (see instructions) |  |  |
|       |   |  |                         | <i></i>   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
|       |   |  |                         |   |                  |                                 |                  |               |                            |  |  |
| Total |   |  |                         |   |                  |                                 |                  |               |                            |  |  |

## Schedule A (Form 990) 2023 Part II Support Sch

NIKKI MITCHELL FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                      |                       |                       |                        |                     |                     |                  |
|------|--|-----------------------|-----------------------|------------------------|---------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2019       | <b>(b)</b> 2020       | <b>(c)</b> 2021        | (d) 2022            | (e) 2023            | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and            |                       |                       |                        |                     |                     |                  |
|      | membership fees received. (Do not            |                       |                       |                        |                     |                     |                  |
|      | include any "unusual grants.")               | 346,102.              | 191,721.              | 235,989.               | 396,387.            | 738,455.            | 1908654.         |
| 2    | Tax revenues levied for the organ-           |                       |                       |                        |                     |                     |                  |
|      | ization's benefit and either paid to         |                       |                       |                        |                     |                     |                  |
|      | or expended on its behalf                    |                       |                       |                        |                     |                     |                  |
| 3    | The value of services or facilities          |                       |                       |                        |                     |                     |                  |
|      | furnished by a governmental unit to          |                       |                       |                        |                     |                     |                  |
|      | the organization without charge              |                       |                       |                        |                     |                     |                  |
|      | Total. Add lines 1 through 3                 | 346,102.              | 191,721.              | 235,989.               | 396,387.            | 738,455.            | 1908654.         |
| 5    | The portion of total contributions           |                       |                       |                        |                     |                     |                  |
|      | by each person (other than a                 |                       |                       |                        |                     |                     |                  |
|      | governmental unit or publicly                |                       |                       |                        |                     |                     |                  |
|      | supported organization) included             |                       |                       |                        |                     |                     |                  |
|      | on line 1 that exceeds 2% of the             |                       |                       |                        |                     |                     |                  |
|      | amount shown on line 11,                     |                       |                       |                        |                     |                     |                  |
|      | column (f)                                   |                       |                       |                        |                     |                     | 302,650.         |
|      | Public support. Subtract line 5 from line 4. |                       |                       |                        |                     |                     | 1606004.         |
|      | ction B. Total Support                       | 1                     |                       |                        |                     |                     |                  |
|      | ndar year (or fiscal year beginning in)      | (a) 2019              | (b) 2020              | (c) 2021               | (d) 2022            | (e) 2023            | (f) Total        |
|      | Amounts from line 4                          | 346,102.              | 191,721.              | 235,989.               | 396,387.            | 738,455.            | 1908654.         |
| 8    | Gross income from interest,                  |                       |                       |                        |                     |                     |                  |
|      | dividends, payments received on              |                       |                       |                        |                     |                     |                  |
|      | securities loans, rents, royalties,          |                       |                       |                        |                     |                     |                  |
|      | and income from similar sources $\dots$      | 2,845.                | 1,819.                | 952.                   | 2,266.              | 7,010.              | 14,892.          |
| 9    | Net income from unrelated business           |                       |                       |                        |                     |                     |                  |
|      | activities, whether or not the               | 1.5.5 1.5.5           |                       |                        | 100.000             |                     |                  |
|      | business is regularly carried on             | 166,426.              |                       | 146,668.               | 186,478.            | 0.                  | 499,572.         |
| 10   | Other income. Do not include gain            |                       |                       |                        |                     |                     |                  |
|      | or loss from the sale of capital             |                       |                       |                        |                     |                     |                  |
|      | assets (Explain in Part VI.)                 | 2,288.                | 68.                   | 346.                   | 10,653.             | 11,765.             | 25,120.          |
| 11   | Total support. Add lines 7 through 10        |                       |                       |                        |                     |                     | 2448238.         |
|      | Gross receipts from related activities,      |                       |                       |                        |                     | 12                  |                  |
| 13   | First 5 years. If the Form 990 is for the    | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | ear as a section 5  | 01(c)(3)            |                  |
| _    | organization, check this box and stop        |                       |                       |                        |                     |                     | <u> </u>         |
|      | ction C. Computation of Publi                |                       |                       |                        |                     | <u>г г</u>          |                  |
|      | Public support percentage for 2023 (I        |                       | -                     |                        |                     | 14                  | 65.60 %          |
|      | Public support percentage from 2022          |                       |                       |                        |                     | 15                  | 62.51 %          |
| 16a  | 33 1/3% support test - 2023. If the o        |                       |                       |                        | 14 is 33 1/3% or m  | ore, check this bo  |                  |
|      | stop here. The organization qualifies        |                       | -                     |                        |                     |                     |                  |
| b    | 33 1/3% support test - 2022. If the o        | •                     |                       |                        |                     |                     |                  |
|      | and stop here. The organization qual         |                       |                       |                        |                     |                     |                  |
| 17a  | 10% -facts-and-circumstances test            | 0                     |                       |                        |                     |                     |                  |
|      | and if the organization meets the fact       |                       |                       | -                      | -                   | VI how the organiz  | ation            |
|      | meets the facts-and-circumstances te         | -                     |                       |                        | -                   |                     |                  |
| b    | 10% -facts-and-circumstances test            | -                     |                       |                        |                     |                     | 10% or           |
|      | more, and if the organization meets the      |                       |                       |                        |                     |                     |                  |
|      | organization meets the facts-and-circu       |                       | -                     |                        |                     |                     |                  |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16a   | a, 16b, 17a, or 17b    | o, check this box a | nd see instructions |                  |
|      |  |                       |                       |                        |                     | Schedule A          | (Form 990) 2023  |

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|  | Schedule A ( | Form 990 | 2023 ( |
|--|--------------|----------|--------|
|--|--------------|----------|--------|

#### NIKKI MITCHELL FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec   | ction A. Public Support   |                       |                     |                      |                     |                 |                        |
|-------|---|-----------------------|---------------------|----------------------|---------------------|-----------------|------------------------|
| Cale  | ndar year (or fiscal year beginning in)   | (a) 2019              | <b>(b)</b> 2020     | (c) 2021             | (d) 2022            | (e) 2023        | 3 (f) Total            |
| 1     | Gifts, grants, contributions, and   |                       |                     |                      |                     |                 |                        |
|       | membership fees received. (Do not   |                       |                     |                      |                     |                 |                        |
|       | include any "unusual grants.")  |                       |                     |                      |                     |                 |                        |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose  |                       |                     |                      |                     |                 |                        |
| 3     | Gross receipts from activities that   |                       |                     |                      |                     |                 |                        |
|       | are not an unrelated trade or bus-  |                       |                     |                      |                     |                 |                        |
| 4     | Tax revenues levied for the organ   |                       |                     |                      |                     |                 |                        |
|       | ization's benefit and either paid to<br>or expended on its behalf   |                       |                     |                      |                     |                 |                        |
| 5     | The value of services or facilities   |                       |                     |                      |                     |                 |                        |
|       | furnished by a governmental unit to   |                       |                     |                      |                     |                 |                        |
|       | the organization without charge   |                       |                     |                      |                     |                 |                        |
| 6     | Total. Add lines 1 through 5  |                       |                     |                      |                     |                 |                        |
| 7a    | Amounts included on lines 1, 2, and   |                       |                     |                      |                     |                 |                        |
|       | 3 received from disqualified persons  |                       |                     |                      |                     |                 |                        |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year   |                       |                     |                      |                     |                 |                        |
| c     | Add lines 7a and 7b   |                       |                     |                      |                     |                 |                        |
|       | Public support. (Subtract line 7c from line 6.)   |                       |                     |                      |                     |                 |                        |
| Sec   | ction B. Total Support  |                       |                     |                      |                     |                 |                        |
| Cale  | ndar year (or fiscal year beginning in)   | (a) 2019              | (b) 2020            | (c) 2021             | (d) 2022            | (e) 2023        | 3 (f) Total            |
| 9     | Amounts from line 6   |                       |                     |                      |                     |                 |                        |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources  |                       |                     |                      |                     |                 |                        |
| b     | Unrelated business taxable income   |                       |                     |                      |                     |                 |                        |
|       | (less section 511 taxes) from businesses  |                       |                     |                      |                     |                 |                        |
|       | acquired after June 30, 1975  |                       |                     |                      |                     |                 |                        |
| c     | Add lines 10a and 10b   |                       |                     |                      |                     |                 |                        |
| 11    | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on  |                       |                     |                      |                     |                 |                        |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                       |                     |                      |                     |                 |                        |
|       | Total support. (Add lines 9, 10c, 11, and 12.)  |                       |                     |                      |                     |                 |                        |
| 14    | First 5 years. If the Form 990 is for the form 990 is for the form 990 is for the form of | ne organization's fi  | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) orgar | ization,               |
| _     | check this box and stop here  |                       |                     |                      |                     |                 |                        |
| Sec   | ction C. Computation of Publ  | ic Support Per        | centage             |                      |                     |                 |                        |
| 15    | Public support percentage for 2023 (  | line 8, column (f), d | livided by line 13, | column (f))          |                     | 15              | %                      |
| -     | Public support percentage from 2022   |                       |                     |                      |                     | 16              | %                      |
|       | ction D. Computation of Inves   |                       |                     |                      |                     |                 |                        |
|       | Investment income percentage for 2  |                       |                     |                      |                     | 17              | %                      |
|       | Investment income percentage from   |                       |                     |                      |                     | 18              | %                      |
| 19a   | a 33 1/3% support tests - 2023. If the  |                       |                     |                      |                     |                 | ine 17 is not          |
|       | more than 33 1/3%, check this box a   |                       |                     |                      |                     |                 |                        |
| b     | <b>33 1/3% support tests - 2022.</b> If the   | -                     |                     |                      |                     |                 |                        |
|       | line 18 is not more than 33 1/3%, che   |                       |                     | •                    |                     | •               |                        |
| 20    | Private foundation. If the organization   | on did not check a    | box on line 14, 19  | a, or 19b, check t   | his box and see ins |                 | <u></u>                |
| 33202 | 23 12-21-23   |                       | 15                  | i                    |                     | Sched           | lule A (Form 990) 2023 |

NIKKI MITCHELL FOUNDATION, INC.

1

2

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

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#### Schedule A (Form 990) 2023 NIKKI MITCHELL FOUNDATION, INC.

1

2

No

Yes No

| Pa  | rt IV Supporting Organizations (continued)  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |     |     |    |
|     | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b   | A family member of a person described on line 11a above?  | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |    |
|     | detail in Part VI.  | 11c | ĺ   |    |
| Sec | tion B. Type I Supporting Organizations   |     |     |    |
|     |   |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)<br>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported<br>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |     |     |    |

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or controlled the supporting organization. |  |
|--|--|
| Section C. Type II Supporting Organizations            |  |

|   |  |   | Yes |
|---|--|---|-----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |   |     |
|   | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control    |   |     |
|   | or management of the supporting organization was vested in the same persons that controlled or managed           |   |     |
|   | the supported organization(s)  | 1 |     |

| Section D. / | All Type III Supporting Organizations |  |
|--------------|---------------------------------------|--|
|              |                                       |  |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • |  |                                      |                     |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental er | ntity (see instruction <u>s).</u> |
|---|--|---|-------------------------|---------------------------------|-----------------------------------|
|---|--|---|-------------------------|---------------------------------|-----------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05000 NIKKI MITCHELL FOUNDATION 20052-21

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| _    | dule A (Form 990) 2023 NIKKI MITCHELL FOUNDATIO                                  |          |                                    | 46-3399632 Page 6              |
|------|--|----------|------------------------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                   |          |                                    |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust or | n Nov. 20, 1970 ( <i>explain i</i> | n Part VI). See instructions.  |
|      | All other Type III non-functionally integrated supporting organizations must c   | omplet   | e Sections A through E.            |                                |
| Sect | ion A - Adjusted Net Income  |          | (A) Prior Year                     | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1        |                                    |                                |
| 2    | Recoveries of prior-year distributions   | 2        |                                    |                                |
| 3    | Other gross income (see instructions)  | 3        |                                    |                                |
| 4    | Add lines 1 through 3.   | 4        |                                    |                                |
| 5    | Depreciation and depletion   | 5        |                                    |                                |
| 6    | Portion of operating expenses paid or incurred for production or                 |          |                                    |                                |
|      | collection of gross income or for management, conservation, or                   |          |                                    |                                |
|      | maintenance of property held for production of income (see instructions)         | 6        |                                    |                                |
| 7    | Other expenses (see instructions)  | 7        |                                    |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                     | 8        |                                    |                                |
| Sect | ion B - Minimum Asset Amount   |          | (A) Prior Year                     | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                    |          |                                    |                                |
|      | instructions for short tax year or assets held for part of year):                |          |                                    |                                |
| a    | Average monthly value of securities  | 1a       |                                    |                                |
| b    | Average monthly cash balances  | 1b       |                                    |                                |
| C    | Fair market value of other non-exempt-use assets                                 | 1c       |                                    |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d       |                                    |                                |
| е    | Discount claimed for blockage or other factors                                   |          |                                    |                                |
|      | (explain in detail in Part VI):  |          |                                    |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                     | 2        |                                    |                                |
| 3    | Subtract line 2 from line 1d.  | 3        |                                    |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,      |          |                                    |                                |
|      | see instructions).   | 4        |                                    |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5        |                                    |                                |
| 6    | Multiply line 5 by 0.035.  | 6        |                                    |                                |
| _7   | Recoveries of prior-year distributions   | 7        |                                    |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                      | 8        |                                    |                                |
| Sect | ion C - Distributable Amount   |          |                                    | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)            | 1        |                                    |                                |
| 2    | Enter 0.85 of line 1.  | 2        |                                    |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)           | 3        |                                    |                                |
| 4    | Enter greater of line 2 or line 3.   | 4        |                                    |                                |
| 5    | Income tax imposed in prior year   | 5        |                                    |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to             |          |                                    |                                |
|      | emergency temporary reduction (see instructions).                                | 6        |                                    |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally | integra  | ted Type III supporting or         | ganization (see                |

instructions).

Schedule A (Form 990) 2023

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| NIKKI | MITCHELL | FOUNDATION, | INC. |
|-------|----------|-------------|------|
|-------|----------|-------------|------|

| 46- | 33 | 99 | 63 | 2 | Page 7 |
|-----|----|----|----|---|--------|
|-----|----|----|----|---|--------|

|       |   | L FOUNDATION,                |                                       |            | 6-3399632 Page 7                          |
|-------|---|------------------------------|---------------------------------------|------------|---|
| Par   |   | a)(3) Supporting Orga        | inizations (continu                   | <u>ed)</u> |   |
| Secti | on D - Distributions  |                              |                                       |            | Current Year                              |
| _1    | Amounts paid to supported organizations to accomplish exer      | npt purposes                 |                                       | 1          |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported      |                                       |            |   |
|       | organizations, in excess of income from activity                |                              |                                       | 2          |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | s of supported organization  | S                                     | 3          |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                              |                                       | 4          |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)    |                                       | 5          |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                              |                                       | 6          |   |
| _7    | Total annual distributions. Add lines 1 through 6.              |                              |                                       | 7          |   |
| 8     | Distributions to attentive supported organizations to which the | e organization is responsive |                                       |            |   |
|       | (provide details in Part VI). See instructions.                 |                              |                                       | 8          |   |
| 9     | Distributable amount for 2023 from Section C, line 6            |                              |                                       | 9          |   |
| 10    | Line 8 amount divided by line 9 amount                          |                              |                                       | 10         |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions  | (ii)<br>Underdistribution<br>Pre-2023 | s          | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6            |                              |                                       |            |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-    |                              |                                       |            |   |
|       | able cause required - explain in Part VI). See instructions.    |                              |                                       |            |   |
| 3     | Excess distributions carryover, if any, to 2023                 |                              |                                       |            |   |
| а     | From 2018   |                              |                                       |            |   |
| b     | From 2019   |                              |                                       |            |   |
| с     | From 2020   |                              |                                       |            |   |
| d     | From 2021   |                              |                                       |            |   |
| е     | From 2022   |                              |                                       |            |   |
| f     | Total of lines 3a through 3e                                    |                              |                                       |            |   |
| g     | Applied to underdistributions of prior years                    |                              |                                       |            |   |
| h     | Applied to 2023 distributable amount                            |                              |                                       |            |   |
| i     | Carryover from 2018 not applied (see instructions)              |                              |                                       |            |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                              |                                       |            |   |
| 4     | Distributions for 2023 from Section D,                          |                              |                                       |            |   |
|       | line 7: \$  |                              |                                       |            |   |
| а     | Applied to underdistributions of prior years                    |                              |                                       |            |   |
| b     | Applied to 2023 distributable amount                            |                              |                                       |            |   |
| C     | Remainder. Subtract lines 4a and 4b from line 4.                |                              |                                       |            |   |
| 5     | Remaining underdistributions for years prior to 2023, if        |                              |                                       |            |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                              |                                       |            |   |
|       | than zero, explain in Part VI. See instructions.                |                              |                                       |            |   |
| 6     | Remaining underdistributions for 2023. Subtract lines 3h        |                              |                                       |            |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                              |                                       |            |   |
|       | Part VI. See instructions.                                      |                              |                                       |            |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j            |                              |                                       |            |   |
|       | and 4c.   |                              |                                       |            |   |
| 8     | Breakdown of line 7:  |                              |                                       |            |   |
| a     | Excess from 2019  |                              |                                       |            |   |
| b     | Excess from 2020  |                              |                                       |            |   |
| c     | Excess from 2021  |                              |                                       |            |   |
| d     | Excess from 2022  |                              |                                       |            |   |
| е     | Excess from 2023  |                              |                                       |            |   |

Schedule A (Form 990) 2023

| Schedule A     | (Form 990) 2023   |  |                                       | FOUNDATION   |   |  |
|----------------|-------------------|--|---------------------------------------|--|---|--|
| Part VI        | Supplemental Info | 1, 2, 3b, 3c, 4b,<br>), lines 2 and 3: | 4c, 5a, 6, 9a, 9i<br>Part IV. Section | o, 9c, 11a, 11b, and 1<br>E. lines 1c. 2a. 2b. 3a. | 1c; Part IV, Section B,<br>and 3b: Part V. line 1 | 17a or 17b; Part III, line 12;<br>lines 1 and 2; Part IV, Section C,<br>; Part V, Section B, line 1e; Part V,<br>additional information. |
|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
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|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
|                |                   |  |                                       |  |   |  |
|                | _                 |  |                                       |  |   | 0-b - b - b - f  |
| 332028 12-21-2 | 3                 |  |                                       | 20   |   | Schedule A (Form 990) 2023   |

\*\* PUBLIC DISCLOSURE COPY

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

| Schedule B |  |
|------------|--|
| (Form 990) |  |

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

| NIKKI | MITCHELL | FOUNDATION, | INC. |  |
|-------|----------|-------------|------|--|
|       |          |             |      |  |

46-3399632

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox{X}$ 501(c)( 3 ) (enter number) organization                               |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

NIKKI MITCHELL FOUNDATION, INC.

Employer identification number

46-3399632

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | I space is needed.                               |  |
|------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                       | (d)<br>Type of contribution  |
|            |  | \$66,000.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                       | (d)<br>Type of contribution  |
| 2          |  | \$72,300.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                       | (d)<br>Type of contribution  |
| 3          |  | \$72,000.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)  | (c)  | (d)<br>Turne of constribution  |
| No.        | Name, address, and ZIP + 4   | Total contributions           \$         60,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                       | (d)<br>Type of contribution  |
| <u>5</u>   |  | \$17,075.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                       | (d)<br>Type of contribution  |
| 6          |  | \$15,350.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Schedule B (Form 990) (2023)

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13081112 781331 20052-20052

NIKKI MITCHELL FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)          | (b)                               | (c)<br>Tatal contributions | (d)<br>Turna of contribution   |
|--------------|-----------------------------------|----------------------------|--|
| No.          | Name, address, and ZIP + 4        | Total contributions        | Type of contribution   |
| 7            |                                   | \$ <u>15,500.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8            |                                   | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9            |                                   | \$69,805.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10           |                                   | \$ <u>15,500.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|              |                                   | \$ <u>15,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)          | (b)                               | (c)                        | (d)  |
| No.          | Name, address, and ZIP + 4        | Total contributions        | Type of contribution   |
|              |                                   | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 323452 12-26 |                                   |                            | Schedule B (Form 990) (2023)   |

Employer identification number

46-3399632

| NIKKI                        | MITCHELL FOUNDATION, INC.  |   | 46-3399632           |  |
|------------------------------|--|---|----------------------|--|
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed.                  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |

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Schedule B (Form 990) (2023)

## $13081112 \ 781331 \ 20052-20052$

Schedule B (Form 990) (2023) Name of organization

2023.05000 NIKKI MITCHELL FOUNDATION 20052-21

Employer identification number

| Schedule I                | B (Form 990) (2023)  |  | Page <b>4</b>  |
|---------------------------|--|--|--|
| Name of o                 | rganization  |  | Employer identification number                                       |
| NIKKI                     | MITCHELL FOUNDATION, IN  | JC.  | 46-3399632   |
| Part III                  | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) | ons to organizations described in section<br>through (e) and the following line entry.<br>haritable, etc., contributions of <b>\$1,000 or less</b> | on 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held                                  |
|                           |  |  |  |
| -                         |  | (e) Transfer of gift   |  |
| -                         | Transferee's name, address, a  | nd ZIP + 4   | Relationship of transferor to transferee                             |
| (a) No.                   |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held                                  |
|                           |  |  |  |
|                           |  |  |  |
| -                         | Transferee's name, address, ar   | 1d ZIP + 4   | Relationship of transferor to transferee                             |
| (a) No.                   |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held                                  |
|                           |  |  |  |
| -                         |  |  |  |
| -                         | Transferee's name, address, a  | nd ZIP + 4   | Relationship of transferor to transferee                             |
| (a) No.<br>from           |  |  |  |
| Part I                    | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held                                  |
|                           |  |  |  |
|                           | Transferee's name, address, a  | (e) Transfer of gift   | Relationship of transferor to transferee                             |
|                           |  |  |  |
| 323454 12-26              |  |  | Schedule B (Form 990) (2023)   |

| SCHEDULE D | Supplement   |
|------------|--|
| (Form 990) | Complete if the org<br>Part IV, line 6, 7, 8, 9, 1 |

## al Financial Statements

anization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Department of the Treasury

MITCHELL FOIINDATION TNC Employer identification number 46-3399632

|     | NIKKI MITCHELL FOU   | NDATION, INC.                                     | 46-3399632                         |
|-----|--|---|------------------------------------|
| Pa  | t I Organizations Maintaining Donor Advise   | d Funds or Other Similar Funds or                 | Accounts. Complete if the          |
|     | organization answered "Yes" on Form 990, Part IV, lin  | ie 6.   | ·                                  |
|     |  | (a) Donor advised funds                           | (b) Funds and other accounts       |
| 1   | Total number at end of year  |   |                                    |
| 2   | Aggregate value of contributions to (during year)  |   |                                    |
| 3   | Aggregate value of grants from (during year)   |   |                                    |
| 4   | Aggregate value at end of year   |   |                                    |
| 5   | Did the organization inform all donors and donor advisors in   | writing that the assets held in donor advised f   | inds                               |
| Ŭ   | are the organization's property, subject to the organization's                                       | -   |                                    |
| 6   | Did the organization inform all grantees, donors, and donor a  |   |                                    |
| Ŭ   | for charitable purposes and not for the benefit of the donor o                                       |   |                                    |
|     |  |   | ľ – –                              |
| Pa  |  | agnization answered "Ves" on Form 990. Part       |                                    |
| 1   | Purpose(s) of conservation easements held by the organization  |   | . 10, 1110 7.                      |
| •   | Preservation of land for public use (for example, recrea   | · · · · ·   | istorically important land area    |
|     | Protection of natural habitat  | ·   | ertified historic structure        |
|     | Preservation of open space   |   |                                    |
| 0   |  | fied concernation contribution in the form of a   | concernation accompant on the last |
| 2   | Complete lines 2a through 2d if the organization held a qualit day of the tax year.                  | ned conservation contribution in the form of a    | Held at the End of the Tax Year    |
| _   |  |   |                                    |
| a   | Total number of conservation easements   |   |                                    |
| b   |  |   |                                    |
| С   | Number of conservation easements on a certified historic stru  |   | <u>2c</u>                          |
| d   | Number of conservation easements included on line 2c acqu  |   |                                    |
| -   | on a historic structure listed in the National Register  |   |                                    |
| 3   | Number of conservation easements modified, transferred, rel  | eased, extinguished, or terminated by the org     | janization during the tax          |
| _   | year   |   |                                    |
| 4   | Number of states where property subject to conservation eas  |   |                                    |
| 5   | Does the organization have a written policy regarding the per  |   |                                    |
|     | violations, and enforcement of the conservation easements it   |   |                                    |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,   | handling of violations, and enforcing conserva-   | ation easements during the year    |
|     |  |   |                                    |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and enforcing conservation    | easements during the year          |
| -   |  |   |                                    |
| 8   | Does each conservation easement reported on line 2d above  |   |                                    |
|     | and section 170(h)(4)(B)(ii)?  |   |                                    |
| 9   | In Part XIII, describe how the organization reports conservation                                     | -   |                                    |
|     | balance sheet, and include, if applicable, the text of the footr                                     | note to the organization's financial statements   | that describes the                 |
| De  | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Tracquires or Other                | r Similar Acceta                   |
| Pa  |  |   | r Similar Assets.                  |
|     | Complete if the organization answered "Yes" on Form  |   |                                    |
| 1a  | If the organization elected, as permitted under FASB ASC 95  |   |                                    |
|     | of art, historical treasures, or other similar assets held for pub                                   | olic exhibition, education, or research in furthe | erance of public                   |
|     | service, provide in Part XIII the text of the footnote to its finar                                  | ncial statements that describes these items.      |                                    |
| b   | If the organization elected, as permitted under FASB ASC 95  | 8, to report in its revenue statement and bala    | nce sheet works of                 |
|     | art, historical treasures, or other similar assets held for public                                   | exhibition, education, or research in furthera    | nce of public service,             |
|     | provide the following amounts relating to these items.   |   |                                    |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |   | \$                                 |
|     | (ii) Assets included in Form 990, Part X   |   | \$                                 |
| 2   | If the organization received or held works of art, historical tre                                    | asures, or other similar assets for financial gai | in, provide                        |
|     | the following amounts required to be reported under FASB A   | SC 958 relating to these items:                   |                                    |
| а   | Revenue included on Form 990, Part VIII, line 1  |   | \$                                 |
| b   |  |   | \$                                 |
| LHA | For Paperwork Reduction Act Notice, see the Instructions   | s for Form 990.                                   | Schedule D (Form 990) 2023         |

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| 26 | 5 |   |   |   |
|----|---|---|---|---|
| -  |   | _ | - | - |

| Sche     |   | ITCHELL FO                      |                |           |                       |           |   | 46-33       |                 |         | age <b>2</b> |
|----------|---|---------------------------------|----------------|-----------|-----------------------|-----------|---|-------------|-----------------|---------|--------------|
| Par      | t III Organizations Maintaining C   | ollections of Ar                | t, Histori     | cal Tre   | easures, or           | Other     | <sup>r</sup> Similar                    | Assets      | contil          | nued)   |              |
| 3        | Using the organization's acquisition, accession   | on, and other record            | s, check an    | y of the  | following that        | make si   | gnificant u                             | ise of its  |                 |         |              |
|          | collection items (check all that apply).  |                                 |                |           |                       |           |   |             |                 |         |              |
| а        | Public exhibition   | c                               |                |           | change progra         |           |   |             |                 |         |              |
| b        | Scholarly research  | e                               | e 🔄 Oth        | er        |                       |           |   |             |                 |         |              |
| С        | Preservation for future generations   |                                 |                |           |                       |           |   |             |                 |         |              |
| 4        | Provide a description of the organization's co  | ollections and explain          | n how they t   | urther t  | he organizatior       | n's exen  | npt purpos                              | se in Part  | XIII.           |         |              |
| 5        | During the year, did the organization solicit o   | r receive donations of          | of art, histor | ical trea | sures, or other       | r similar | assets                                  |             | _               |         | -            |
| D.       | to be sold to raise funds rather than to be ma  |                                 |                |           |                       |           |   |             | Yes             |         | No           |
| Pai      | <b>t IV</b> Escrow and Custodial Arran  |                                 | te if the org  | anizatio  | n answered "Y         | 'es" on l | Form 990,                               | Part IV, li | ne 9, or        |         |              |
|          | reported an amount on Form 990, Par   |                                 |                |           |                       |           |   |             |                 |         |              |
| 1a       | Is the organization an agent, trustee, custodi  |                                 | 2              |           |                       |           |   | _           | 7.4             |         | ٦            |
|          | on Form 990, Part X?  |                                 |                |           |                       |           |   | ∟           | Yes             |         | No           |
| b        | If "Yes," explain the arrangement in Part XIII  | and complete the fol            | llowing table  | 9:        |                       |           |   |             | Amoun           | +       |              |
|          | De sinsis e la la se  |                                 |                |           |                       |           |   |             | Amoun           | L       |              |
|          | Beginning balance   |                                 |                |           |                       |           |   |             |                 |         |              |
|          | Additions during the year   |                                 |                |           |                       |           |   |             |                 |         |              |
| f        | Distributions during the year   |                                 |                |           |                       |           |   |             |                 |         |              |
|          | Ending balance<br>Did the organization include an amount on Fe                                    |                                 |                |           |                       |           |   |             | Yes             |         | No           |
|          | If "Yes," explain the arrangement in Part XIII.   |                                 |                |           |                       |           | • |             |                 |         | ]            |
| Par      |   |                                 |                |           |                       |           |   |             |                 |         |              |
|          | ·   | (a) Current year                | (b) Prior      |           | (c) Two years         |           | (d) Three y                             | ears back   | (e) Fou         | r years | back         |
| 1a       | Beginning of year balance   |                                 |                | -         |                       |           |   |             |                 |         |              |
| b        | Contributions   |                                 |                |           |                       |           |   |             |                 |         |              |
| с        | Net investment earnings, gains, and losses  |                                 |                |           |                       |           |   |             |                 |         |              |
| d        | Grants or scholarships  |                                 |                |           |                       |           |   |             |                 |         |              |
|          | Other expenditures for facilities   |                                 |                |           |                       |           |   |             |                 |         |              |
|          | and programs  |                                 |                |           |                       |           |   |             |                 |         |              |
| f        | Administrative expenses   |                                 |                |           |                       |           |   |             |                 |         |              |
| g        | End of year balance   |                                 |                |           |                       |           |   |             |                 |         |              |
| 2        | Provide the estimated percentage of the curr  | rent year end balance           | e (line 1g, co | olumn (a  | a)) held as:          |           |   |             |                 |         |              |
| а        | Board designated or quasi-endowment   |                                 | _%             |           |                       |           |   |             |                 |         |              |
| b        | Permanent endowment   | %                               |                |           |                       |           |   |             |                 |         |              |
| С        |   | %                               |                |           |                       |           |   |             |                 |         |              |
|          | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                 |                |           |                       |           |   |             |                 |         |              |
| 3a       | Are there endowment funds not in the posse  | ssion of the organiza           | ation that ar  | e held a  | nd administere        | ed for th | е                                       |             |                 |         |              |
|          | organization by:  |                                 |                |           |                       |           |   |             |                 | Yes     | No           |
|          | (i) Unrelated organizations?  |                                 |                |           |                       |           |   |             | 3a(i)           |         |              |
|          |   |                                 |                |           |                       |           |   |             | 3a(ii)          |         |              |
| b        | If "Yes" on line 3a(ii), are the related organiza   |                                 |                |           |                       |           |   |             | 3b              |         |              |
| 4<br>Dar | Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm |                                 | wment func     | S.        |                       |           |   |             |                 |         |              |
| I ai     | Complete if the organization answere  |                                 | ) Dart IV lin  | o 110 (   | See Form 990          | Dart V    | line 10                                 |             |                 |         |              |
|          |   |                                 |                |           |                       |           |   | 4           |                 | le volu |              |
|          | Description of property   | (a) Cost or c<br>basis (investr |                | • •       | t or other<br>(other) | • •       | ccumulate<br>preciation                 | u           | ( <b>d)</b> Boo | n valu  | e            |
| 19       | Land  |                                 |                | 24010     | ()                    | 20        |   |             |                 |         |              |
| b        | Buildings   |                                 |                |           |                       |           |   |             |                 |         |              |
|          | Leasehold improvements  |                                 |                |           |                       |           |   |             |                 |         |              |
|          | Equipment   |                                 |                |           | 9,757.                |           | 4,24                                    | 15.         |                 | 5,5     | 12.          |
|          | Other   |                                 |                |           |                       |           | , = .                                   |             |                 | , -     | -            |
|          | . Add lines 1a through 1e. (Column (d) must e   |                                 | X line 10c     | colum     | η <i>(</i> B))        |           |   |             |                 | 5,5     | 12.          |
|          |   | gear onn ooo, i art             |                | Joigini   |                       |           |   | Cohodulo    |                 |         |              |

Schedule D (Form 990) 2023

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| Complete if the organization answered "Yes"<br>(a) Description of security or category (including name of security) | (b) Book value               | (c) Method of valuation: Cost or en     | d-of-vear market value  |
|---|------------------------------|---|-------------------------|
|   | (N) DOOR Value               | (c) method of valuation. Ous of el      | a or your market value  |
| Ole   |                              |   |                         |
| Closely held equity interests       Other   |                              |   |                         |
| (A)   |                              |   |                         |
| (B)   |                              |   |                         |
| (C)   |                              |   |                         |
| (D)   |                              |   |                         |
| (E)   |                              |   |                         |
| (F)   |                              |   |                         |
| (G)   |                              |   |                         |
| (H)   |                              |   |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  |                              |   |                         |
| Part VIII Investments - Program Related.  |                              |   |                         |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13.      |                         |
| (a) Description of investment   | (b) Book value               | (c) Method of valuation: Cost or en     | id-of-year market value |
| (1)   |                              |   |                         |
| (2)   |                              |   |                         |
| (3)   |                              |   |                         |
| (4)   |                              |   |                         |
| (5)   |                              |   |                         |
| (6)   |                              |   |                         |
| (7)   |                              |   |                         |
| (8)   |                              |   |                         |
| (9)   |                              |   |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets                 |                              |   |                         |
|   | on Form 000 Part IV/ line 1  | Ind Cap Form 000 Part V line 15         |                         |
| Complete if the organization answered "Yes"   | Description                  | The See Form 990, Part A, line 15.      | (b) Book value          |
|   | Description                  |   |                         |
| (1)   |                              |   |                         |
| (2)   |                              |   |                         |
| (3)   |                              |   |                         |
| (4)   |                              |   |                         |
| <u>(5)</u><br>(6)   |                              |   |                         |
| (7)   |                              |   |                         |
| (8)   |                              |   |                         |
| (9)   |                              |   |                         |
| Total. (Column (b) must equal Form 990, Part X, line 15, co<br>Part X Other Liabilities                             | I. (B))                      |   |                         |
| Complete if the organization answered "Yes"   | on Form QQA Dart IV line 1   | 1 a or 11f See Form 000 Port V line 24  | 5                       |
| (a) Descriptions of Patrick   | on ronn 330, Fait IV, Ille   | THE OF THE GEE FORM 990, Fait A, III 23 | b. (b) Book value       |
|   |                              |   |                         |
| (1) Federal income taxes<br>(2) ACCRUED PAYROLL TAXES   |                              |   | 34                      |
|   |                              |   | 9,111                   |
|   |                              |   | <u> </u>                |
| (4)   |                              |   |                         |
| (5)   |                              |   |                         |
| (6)   |                              |   |                         |
| (7)   |                              |   |                         |
|   |                              |   |                         |
| (8)   |                              |   |                         |
|   |                              |   | 9,145                   |

NIKKI MITCHELL FOUNDATION, INC.

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Schedule D (Form 990) 2023

| Sche | dule D (Form 990) 2023 NIKKI MITCHELL FOUNDATION,                                | INC.      |                  | 46-3   | 3399632 | Page <b>4</b> |
|------|--|-----------|------------------|--------|---------|---------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Stateme                     | nts With  |                  |        |         | G             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |           |                  |        |         |               |
| 1    | Total revenue, gains, and other support per audited financial statements         |           |                  | 1      | 864     | ,875.         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                  |        |         |               |
| а    | Net unrealized gains (losses) on investments                                     | 2a        |                  |        |         |               |
| b    | Donated services and use of facilities   | 2b        |                  |        |         |               |
| с    | Recoveries of prior year grants  |           |                  |        |         |               |
| d    | Other (Describe in Part XIII.)   | 2d        |                  |        |         |               |
| е    | Add lines 2a through 2d  |           |                  | 2e     |         | 0.            |
| 3    | Subtract line 2e from line 1   |           |                  | 3      | 864     | ,875.         |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                  |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a      |                  |        |         |               |
| b    | Other (Describe in Part XIII.)   | 4b        | -124,544.        |        |         |               |
| с    | Add lines 4a and 4b  |           |                  | 4c     | -124    |               |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)  |           |                  | 5      | 740     | ,331.         |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statem                    | ents With | i Expenses per F | Returi | n       |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |           |                  |        |         |               |
| 1    | Total expenses and losses per audited financial statements                       |           |                  | 1      | 664     | ,649.         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                  |        |         |               |
| а    | Donated services and use of facilities   | . 2a      |                  |        |         |               |
| b    | Prior year adjustments   | 2b        |                  |        |         |               |
| С    | Other losses   | 2c        |                  |        |         |               |
| d    | Other (Describe in Part XIII.)   | . 2d      |                  |        |         | -             |
| е    | Add lines 2a through 2d  |           |                  | 2e     |         | 0.            |
| 3    | Subtract line 2e from line 1   |           |                  | 3      | 664     | ,649.         |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                  |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 |           |                  |        |         |               |
| b    | Other (Describe in Part XIII.)   | 4b        | -124,544.        |        |         |               |
| С    | Add lines 4a and 4b  |           |                  | 4c     | -124    |               |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |                  | 5      | 540     | ,105.         |
| Pa   | t XIII Supplemental Information  |           |                  |        |         |               |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

| MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR     |
|--|
| EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING NIKKI MITCHELL             |
| FOUNDATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX        |
| POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER  |
| EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED |
| ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX    |
| RETURNS AND HAS DETERMINE THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT   |
| MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO        |
| PROVISIONS FOR INCOME TAXES, PENALTIES, OR INTEREST RECEIVABLE OR PAYABLE  |
| RELATING TO UNCERTAIN INCOME TAX POSITIONS.                                |
|  |

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| Part XIII Supplemental Information  | 46-3399632 Page 5          |
|---|----------------------------|
| Schedule D (Form 990) 2023         NIKKI MITCHELL FOUNDATION, INC.           Part XIII         Supplemental Information (continued) |                            |
|   |                            |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:   |                            |
| SPECIAL DIRECT EXPENSES   | -124,544.                  |
|   | 101/0110                   |
|   |                            |
|   |                            |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:  |                            |
| SPECIAL DIRECT EXPENSES   | -124,544.                  |
| SFECTAL DIRECT EXPENSES   |                            |
|   |                            |
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| 330055 00-28-23   | Schedule D (Form 990) 2023 |

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| SCHEDULE G   | Suppleme  | ntal Information Regarding  | Fund  | Iraisi                              | ng or Gaming A   | ctiv             | ities  | OMB No. 1545-0047                                       |
|--|---|---|---|-------------------------------------|--|------------------|--|---|
| (Form 990)   |   | e organization answered "Yes" on<br>organization entered more than \$15 |   |                                     |  | <sup>.</sup> 19, | or if the  | 2023  |
| Department of the Treasury   | C   | Attach to Form 990 of   |   |                                     |  |                  |  | Open to Public  |
| Internal Revenue Service   |   | o www.irs.gov/Form990 for instruc                                       | ctions  | and tl                              | ne latest information  |                  |  | Inspection  |
| Name of the organization   |   |   | <b>T</b> 1                                    | 10                                  |  |                  |  | entification number                                     |
| Part I Fundrais  |   | ITCHELL FOUNDATION Complete if the organization answe                   |   |                                     | Form 990 Part IV li  | no 1             | 46 - 3399  |   |
|  | complete this part  |   |   | 63 01                               | 11 0m 330, 1 at 10, m  |                  | 7.10111330-22  |   |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul> | tions<br>email solicitations<br>tations<br>licitations<br>on have a written o |   | tion of<br>tion of<br>fundra<br>(incluc       | non-g<br>gover<br>lising<br>ling of | overnment grants<br>nment grants<br>events<br>ficers, directors, trust | ees,             | or Ye  | s 🗌 No  |
| <b>b</b> If "Yes," list the 10 compensated at le   | 0 1   | viduals or entities (fundraisers) pursua                                | ant to  | agreei                              | ments under which th   | e fui            | ndraiser is to b   | e   |
|  |   |   |   |                                     |  |                  | <b>.</b>   | 1   |
| (i) Name and addres<br>or entity (fund   |   | (ii) Activity   | (iii)<br>fundr<br>have c<br>or cor<br>contrib | ustody<br>itrol of                  | (iv) Gross receipts<br>from activity                                   | tò (e            | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |   |   | Yes   | No                                  |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
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|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
| Total  |   |   |   |                                     |  |                  |  |   |
| 3 List all states in white or licensing.   | ich the organizatio   | n is registered or licensed to solicit c                                | ontrib  | utions                              | or has been notified   | it is            | exempt from re   | egistration   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |
|  |   |   |   |                                     |  |                  |  |   |

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Schedule G (Form 990) 2023

LHA 332081 09-13-23

NIKKI MITCHELL FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

|        |                                 |   | (a) Event #1   | (b) Event #2<br>BEHIND THE<br>STRINGS   | (c) Other events<br>NONE                   | (d) Total events<br>(add col. (a) through                    |
|--------|---------------------------------|---|--|---|--|--|
|        |                                 |   | (event type)   | (event type)  | (total number)                             | - col. <b>(c)</b> )  |
|        | 1                               | Gross receipts  | 481,770.   | 17,198.   |  | 498,968  |
|        | 2                               | Less: Contributions   | 391,323.   | 0.  |  | 391,323  |
|        | 3                               | Gross income (line 1 minus line 2)  | 90,447.  | 17,198.   |  | 107,645  |
|        | 4                               | Cash prizes   | 0.   | 0.  |  |  |
|        | 5                               | Noncash prizes  | 1,879.   | 0.  |  | 1,879  |
|        | 6                               | Rent/facility costs   | 27,995.  | 443.  |  | 28,438   |
|        | 7                               | Food and beverages  | 14,004.  | 1,095.  |  | 15,099   |
|        |                                 | Entertainment   |  |   |  | 1,350<br>77,778  |
|        | 9                               | Other direct expenses   |  |   |  |  |
| 1.     | 10                              | Direct expense summary. Add lines 4 throug  |  |   |  | 124,544  |
| _      | 11<br>T                         |   |  | n 990, Part IV, line 19, or r   |  | -16,899  |
| ar<br> |                                 |   |  |   |  | (d) Total gaming (add  |
| ar     | 1 1                             | <b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.  | answered "Yes" on Form   | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant                            | eported more than                          | -16,899<br>(d) Total gaming (add<br>col. (a) through col. (d |
|        | 1<br>1<br>2                     | II Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue   | answered "Yes" on Form (a) Bingo   | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant                            | eported more than                          | (d) Total gaming (add  |
| ar     | 1<br>2<br>3                     | Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes  | answered "Yes" on Form (a) Bingo   | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant                            | eported more than                          | (d) Total gaming (add  |
|        | 1<br>2<br>3<br>4                | II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue   | answered "Yes" on Form (a) Bingo   | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant                            | eported more than                          | (d) Total gaming (add  |
| ar     | 1<br>2<br>3<br>4<br>5           | Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs   | answered "Yes" on Form (a) Bingo   | h 990, Part IV, line 19, or r   | eported more than                          | (d) Total gaming (add  |
| _      | 1<br>2<br>3<br>4<br>5<br>6      | Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.      Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses                      | answered "Yes" on Form (a) Bingo (b) Bingo (b) Bingo (c) | h 990, Part IV, line 19, or r<br>(b) Pull tabs/instant<br>bingo/progressive bingo | eported more than (c) Other gaming Ves% No | (d) Total gaming (add  |
| ar     | 1<br>2<br>3<br>4<br>5<br>6<br>7 | Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.      Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses      Volunteer labor | answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) | h 990, Part IV, line 19, or r<br>(b) Pull tabs/instant<br>bingo/progressive bingo | eported more than (c) Other gaming         | (d) Total gaming (add<br>col. (a) through col. (d            |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

| Sch  | edule G (Form 990) 2023           | NIKKI            | MITCHELL           | FOUNDATION                | , INC.                          | 46-3        | 399632          | Page 3    |
|------|-----------------------------------|------------------|--------------------|---------------------------|---------------------------------|-------------|-----------------|-----------|
| 11   | Does the organization conduct g   |                  |                    |                           |                                 |             | Yes             | No        |
|      | Is the organization a grantor, be |                  |                    |                           |                                 |             |                 |           |
|      | to administer charitable gaming?  |                  |                    |                           |                                 |             | Yes             | No No     |
| 13   | Indicate the percentage of gamir  |                  |                    |                           |                                 |             |                 |           |
|      | The organization's facility       |                  |                    |                           |                                 |             | 13a             | %         |
|      | An outside facility               |                  |                    |                           |                                 |             | 13b             | %         |
|      | Enter the name and address of t   |                  |                    |                           |                                 |             | i               |           |
|      |                                   | ·                |                    |                           |                                 |             |                 |           |
|      | Name                              |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Address                           |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
| 15a  | Does the organization have a co   | ontract with a t | hird party from w  | hom the organization re   | eceives gaming revenue?         |             | Yes             | No No     |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
| k    | If "Yes," enter the amount of gar | ming revenue r   | received by the o  | rganization \$            | and the a                       | mount       |                 |           |
|      | of gaming revenue retained by th  | he third party   | \$                 |                           |                                 |             |                 |           |
| c    | If "Yes," enter name and addres   | s of the third p | oarty:             |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Name                              |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Address                           |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
| 16   | Gaming manager information:       |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Name                              |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Gaming manager compensation       | ı \$             |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Description of services provided  | ı                |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      | Director/officer                  | Employ           | yee                | Independent contr         | ractor                          |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
| 17   | Mandatory distributions:          |                  |                    |                           |                                 |             |                 |           |
| a    | Is the organization required unde | er state law to  | make charitable    | distributions from the g  | aming proceeds to               |             |                 |           |
|      | retain the state gaming license?  |                  |                    |                           |                                 |             | Yes             | └── No    |
| k    | Enter the amount of distributions | s required und   | er state law to be | e distributed to other ex | empt organizations or spen      | t in the    |                 |           |
|      | organization's own exempt activ   |                  |                    |                           |                                 |             |                 |           |
| Pa   |                                   |                  |                    |                           | I, line 2b, columns (iii) and ( | v); and Par | t III, lines 9, | 9b, 10b,  |
|      | 15b, 15c, 16, and 17b, a          | as applicable.   | Also provide any   | additional information.   | See instructions.               |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
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|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
|      |                                   |                  |                    |                           |                                 |             |                 |           |
| 3320 | 83 09-13-23                       |                  |                    | 22                        |                                 | Schedu      | ule G (Form     | 990) 2023 |
|      |                                   |                  |                    | 33                        |                                 |             |                 |           |

| 5   | Sche | dul | еG | à (Fo | rm | 990 | )) |
|-----|------|-----|----|-------|----|-----|----|
| - 6 |      |     |    | •     |    |     |    |

| Part IV      | Supplemental Information (continued) |     |
|--------------|--------------------------------------|-----|
|              |                                      |     |
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| 222094 04 01 | Schedule G (Form 9                   | 90) |

332084 04-01-23

| SCHEDULE I<br>(Form 990)                                |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|---|--|-------------------|------------------------------------|---|--|---|---------------------------------------|---------------------------------------|------|--|
| Department of the Treasury                              |  | Compi             |                                    | Attach to Form                          |  |   |                                       | Open to Put                           | blic |  |
| Internal Revenue Service                                |  |                   | Go to www.irs                      | .gov/Form990 for                        |  | ation.  |                                       | Inspection                            |      |  |
| Name of the organization                                |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|   | NIKKI MIT  | CHELL FOUL        | NDATION, INC                       | с.                                      |  |   |                                       | 46-33996                              | 632  |  |
| Part I General I  | nformation on Grants a                               | nd Assistance     |                                    |   |  |   |                                       |                                       |      |  |
| 0   | zation maintain records t                            |                   | 0                                  | , ,                                     |  | U   | ,                                     |                                       |      |  |
| criteria used to a                                      | award the grants or assis                            | tance?            |                                    |   |  |   |                                       | X Yes                                 | No   |  |
|   | IV the organization's pro                            |                   |                                    |   |  |   |                                       |                                       |      |  |
| Part II Grants an                                       | d Other Assistance to I<br>hat received more than \$ | Somestic Organiz  | ations and Domestic                | <b>Governments.</b> Conal space is need | complete if the org                    | anization answered "Y   | es" on Form 990, Part                 | IV, line 21, for any                  |      |  |
| 1 (a) Name and ad                                       | ddress of organization<br>vernment                   | (b) EIN           | (c) IRC section<br>(if applicable) | (d) Amount of<br>cash grant             | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance | t    |  |
| NYU LANDONE HEALT<br>550 FIRST AVE<br>NEW YORK, NY 1001 |  | 13-5562308        | 501(C)3                            | 20,000.                                 | 0.                                     |   |                                       | MEDICAL RESEARCH                      |      |  |
|   |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|   |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|   |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|   |  |                   |                                    |   |  |   |                                       |                                       |      |  |
|   |  |                   |                                    |   |  |   |                                       |                                       | 1    |  |
| 2 Enter total number                                    | per of section 501(c)(3) a                           | nd government org | anizations listed in the           | e line 1 table                          |  |   |                                       |                                       | 1.   |  |

3 Enter total number of other organizations listed in the line 1 table ......

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

46-3399632

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                               | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |  |  |  |  |
|---|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
| MORTGAGE, RENT, HOUSEHOLD AND MEDICAL EXPENSES                | 148                      | 127,012.                        | 0.                                    |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |  |  |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin     | e 2; Part III, column           | (b); and any other ac                 | ditional information.   |                                       |  |  |  |  |
| PART I, LINE 2:   |                          |                                 |                                       |   |                                       |  |  |  |  |
| PART III: PANCREATIC CANCER PATIEN                            | IS ARE RE                | FERRED TO                       | THE FOUNDA                            | TION BY   |                                       |  |  |  |  |

PATIENT ADVOCATES AT VARIOUS TREATMENT FACILITIES. PATIENTS COMPLETE A

BRIDGE OF WINGS APPLICATION WHICH MUST BE FAXED OR EMAILED TO THE

FOUNDATION FROM THE PATIENT'S HEALTHCARE FACILITY BY THE PATIENT'S DOCTOR

OR PATIENT ADVOCATE. THE APPLICATION MUST BE COMPLETED IN FULL AND EACH

MUST BE RENEWED MONTHLY. THE MONTHLY RENEWAL FORM MUST ALSO BE SENT FROM

THE HEALTHCARE FACILITY BY THE DOCTOR OR PATIENT ADVOCATE. THE FOUNDATION

#### ACTIVELY MONITORS PARTICIPATION IN BRIDGE OF WINGS BY TRACKING THE NUMBER

| Sche<br>Pa      | edule I (F<br>r <b>t IV</b> | <sup>-</sup> orm 990)<br><b>Supple</b> | menta | l Infor | NIKKI<br>mation | MITCH | ELL | FOUNDATI | ON,  | INC. |       |     | 46-3399632    | Page <b>2</b> |
|-----------------|-----------------------------|--|-------|---------|-----------------|-------|-----|----------|------|------|-------|-----|---------------|---------------|
|                 |                             |  |       |         |                 |       |     |          |      |      |       |     | ER OF MILES   |               |
| DR              | IVEN                        | FROM                                   | THE   | GAS     | CARDS           | , AND | THE | DECREAS  | E IN | THE  | NUMBE | ROF | TREATMENT     |               |
| CAI             | ICEL                        | LATIO                                  | NS.   |         |                 |       |     |          |      |      |       |     |               |               |
|                 |                             |  |       |         |                 |       |     |          |      |      |       |     |               |               |
|                 |                             |  |       |         |                 |       |     |          |      |      |       |     |               |               |
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| 33229<br>04-01- | 1<br>23                     |  |       |         |                 |       |     |          |      |      |       |     | Schedule I (F | orm 990)      |

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NIKKI MITCHELL FOUNDATION, INC.

Employer identification number 46 - 3399632

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THRIVE TOGETHER IS THE SECOND PROGRAM CREATED FROM THE ANDREW PAGE

PANCREAS CANCER FUND AND NIKKI MITCHELL FOUNDATION'S UNIQUE

PARTNERSHIP. THE PROGRAM PROVIDES PEER SUPPORT TO PATIENTS AND CARE

PARTNERS WHO ARE NAVIGATING ALL STAGES OF PANCREATIC DISEASE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DISTRIBUTED TO THE

BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT EACH COMMITTEE OF THE FOUNDATION AT A REGULAR MEETING THEREOF, NOT LESS OFTEN THAN ONCE EACH YEAR, THE CHAIRPERSON SHALL ADVISE MEMBERS OF THE CONFLICT OF INTEREST POLICY AND PROCEDURES, INCLUDING THE REQUIREMENT FOR DISCLOSURE OF A CONFLICT WHENEVER THE BOARD MEMBER OR COMMITTEE MEMBER HAS A DIRECT OR INDIRECT INTEREST IN AN ISSUE, ABSTENTION FROM DISCUSSION -INCLUDING REFRAINING FROM ANY ACTIVITIES TO INFLUENCE THE OUTCOME - AND FROM VOTING. IF DISCLOSURE AND ABSTENTION OCCURS, THE RECORD OF ABSTENTION FORM IS TO BE COMPLETED BY THE BOARD OF COMMITTEE MEMBER AND FILED WITH THE ORIGINAL COPY OF THE MINUTES. THE AGENDA AND THE MINUTES OF EACH MEETING SHALL REFLECT THE REVIEW OF AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15A:

MID 2020 THE BOARD VOTED TO PROVIDE THE PRESIDENT WITH A NOMINAL SALARY OF

 \$20,000
 ANNUALLY. THE BOARD DETERMINED THIS DOES NOT REQUIRE A PROCESS OF

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

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| Name of the organization <b>NIKKI MITCHELL FOUNDATION, INC</b> . | Employer identification number 46-3399632 |
|--|---|
| DETERMINING COMPENSATION BECAUSE IT IS BELOW THE COMPARABL       | E SALARIES FOR                            |
| OTHER NONPROFITS.  |   |
|  |   |
| FORM 990, PART VI, SECTION C, LINE 19:                           |   |
| GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAI       | LABLE UPON                                |
| REQUEST.   |   |
|  |   |
| FORM 990, PART XII, LINE 1                                       |   |
| THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTIN       | G.  |
| THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTIO       |   |
|  |   |
|  |   |
|  |   |
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Page **2** 

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Schedule O (Form 990) 2023

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

| FORM 99      | 90 PAGE 10                        | -                |        | -    | _                |             | -                           | 990              |                        | -                          | -                         | -  | -                             | -                         |                                       |
|--------------|-----------------------------------|------------------|--------|------|------------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                       | Date<br>Acquired | Method | Life | C<br>o<br>n<br>v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | MACHINERY & EQUIPMENT             |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | COMPUTER                          | 04/25/17         | SL     | 3.00 |                  | 16          | 1,374.                      |                  |                        |                            | 1,374.                    | 1,374.                                   |                               | 0.                        | 1,374.                                |
| 2            | TRAILER                           | 06/24/21         | SL     | 7.00 |                  | 16          | 7,237.                      |                  |                        |                            | 7,237.                    | 1,550.                                   |                               | 1,034.                    | 2,584.                                |
| 3            | COMPUTER<br>* 990 PAGE 10 TOTAL   | 04/07/23         | SL     | 3.00 |                  | 16          | 1,146.                      |                  |                        |                            | 1,146.                    |  |                               | 287.                      | 287.                                  |
|              | MACHINERY & EQUIPMENT             |                  |        |      |                  |             | 9,757.                      |                  |                        |                            | 9,757.                    | 2,924.                                   |                               | 1,321.                    | 4,245.                                |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR |                  |        |      |                  |             | 9,757.                      |                  |                        |                            | 9,757.                    | 2,924.                                   |                               | 1,321.                    | 4,245.                                |
|              |                                   |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | CURRENT YEAR ACTIVITY             |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | BEGINNING BALANCE                 |                  |        |      |                  |             | 8,611.                      |                  |                        | ٥.                         | 8,611.                    | 2,924.                                   |                               |                           | 3,958.                                |
|              | ACQUISITIONS                      |                  |        |      |                  |             | 1,146.                      |                  |                        | 0.                         | 1,146.                    | 0.                                       |                               |                           | 287.                                  |
|              | DISPOSITIONS/RETIRED              |                  |        |      |                  |             | ٥.                          |                  |                        | 0.                         | ٥.                        | ٥.                                       |                               |                           | 0.                                    |
|              | ENDING BALANCE                    |                  |        |      |                  |             | 9,757.                      |                  |                        | 0.                         | 9,757.                    | 2,924.                                   |                               |                           | 4,245.                                |
|              | ENDING ACCUM DEPR                 |                  |        |      |                  |             |                             |                  |                        |                            |                           | 4,245.                                   |                               |                           |                                       |
|              | ENDING BOOK VALUE                 |                  |        |      |                  |             |                             |                  |                        |                            |                           | 5,512.                                   |                               |                           |                                       |
|              |                                   |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
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328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Form 8822-B<br>Rev. December 2019)  | <ul> <li>Please type or print.</li> <li>See instructions.</li> <li>Do not attach this form to your</li> </ul>   | OMB No. 1545-1163   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service Se |   |   |  |  |  |  |  |
|   | lso changing your home address, use Form 8822 to report that change.  |   |  |  |  |  |  |
| f you are a tax-exempt organiza   | ration (see instructions), check here   |   |  |  |  |  |  |
| Check all boxes this change af  | ffects.   |   |  |  |  |  |  |
|   | e, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1  | 1065. 1120. etc.)   |  |  |  |  |  |
| T Chipity Interior Chipity  |   |   |  |  |  |  |  |
| 2 Employee plan retur   | Ims (Forms 5500, 5500-EZ, etc.)   |   |  |  |  |  |  |
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| 3 Business location   |   |   |  |  |  |  |  |
| 4a Business name  |   | 4b Employer identification number                           |  |  |  |  |  |
|   | SOUTH ANT ON THE  | 46-3399632  |  |  |  |  |  |
|   | FOUNDATION, INC.<br>a, street, room or suite no., sity or town, state, and ZIP code). If a P.O. box, see instructions. If foreign   |   |  |  |  |  |  |
| <ul> <li>Oro maning address (no.</li> </ul>   | al month of the second s |   |  |  |  |  |  |
|   |   | Constant and a set  |  |  |  |  |  |
| Foreign country name  | Foreign province/county   | Foreign postal code   |  |  |  |  |  |
| 6 New mailing address (n  | no., street, room or suite na., only or town, state, and ZIP code). If a P.O. box, see instructions. If for   | vign address, also complete spaces below, see instructions. |  |  |  |  |  |
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| NASHVILLE   | Th  |   |  |  |  |  |  |
| Foreign country name  | Foreign province/county   | Foreign postal code   |  |  |  |  |  |
| Foreign country name  | Foreign province/county   | Foreign postal code   |  |  |  |  |  |
| 8 New responsible party?  | 's name   |   |  |  |  |  |  |
| CHRISTA BOWLES  | 's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS F  | OR FORM SS-4 TO SEE WHO MAY USE AN EIN.)                    |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| 10 Signature. Under penaltie  | es of perjury, I declare that I have examined this application, and to the best of my   |   |  |  |  |  |  |
| Davtime telephone numb  | ber of person to contact (optional) > 949.278.32  | 178   |  |  |  |  |  |
| . ^ ~   |   |   |  |  |  |  |  |
| D Chi St  | 2   | 111/12/24   |  |  |  |  |  |
| Sign  | floer, or representative  | Date  |  |  |  |  |  |
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| EXECUTIVI   | E DIRECTOR  |   |  |  |  |  |  |
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